


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

01-23-2004 90042 048 ****61.25

DOCUMENT # N98000004981 1. Entity Name HEART OF BROWARD FOUNDATION CORP.					
Principal Place of Business 303 SOUTHEAST 17TH STREET FORT LAUDERDALE, FL 33316			Mailing Address C/O MARK T. KNIGHT 303 SE 17TH ST FORT LAUDERDALE, FL 33316		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0930867	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHERER, WILLIAM R. 633 S FEDERAL HWY, 8TH FLOOR FORT LAUDERDALE, FL 33001				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and entity applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P CHIZNER, MICHAEL MD <input type="checkbox"/> Delete NAME STREET ADDRESS 303 SOUTHEAST 17TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33316				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> Delete NAME GILL, CARL E MD STREET ADDRESS 303 SE 17TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ST <input type="checkbox"/> Delete NAME KNIGHT, MARK T STREET ADDRESS 303 SE 17TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME TROWER, WIL STREET ADDRESS 303 SE 17TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME COLLINS, JOHN STREET ADDRESS 303 SE 17TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME SALLARULLO, PAUL STREET ADDRESS 303 SE 17TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33316				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mark T. Knight</u> 1/30/04 954.355.5064 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Mark T. Knight
Sr. Vice-President/CFO