

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAR 29 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112004 Chg-NP CR2E037 (10/03)

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0930867 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHERER, WILLIAM R 633 S FEDERAL HWY, 8TH FLOOR FORT LAUDERDALE, FL 33001			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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	NAME	<input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CHIZNER, MICHAEL MD		NAME	300031546783	
CITY-ST-ZIP	303 SOUTHEAST 17TH STREET FORT LAUDERDALE, FL 33316		STREET ADDRESS	03/31/04--01017--015 **\$61.25	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	GILL, CARL E MD		NAME		
CITY-ST-ZIP	303 SE 17TH ST FORT LAUDERDALE, FL 33316		STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	KNIGHT, MARK T		NAME		
CITY-ST-ZIP	303 SE 17TH ST FORT LAUDERDALE, FL 33316		STREET ADDRESS		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	TROWER, WIL		NAME	Steve Berrard	
CITY-ST-ZIP	303 SE 17TH ST FORT LAUDERDALE, FL 33316		STREET ADDRESS	303 SE 17th Street Fort Lauderdale, FL 33316	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	COLLINS, JOHN		NAME	George W. "Bob" Gill	
CITY-ST-ZIP	303 SE 17TH ST FORT LAUDERDALE, FL 33316		STREET ADDRESS	303 SE 17th Street Fort Lauderdale, FL 33316	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	SALLARULLO, PAUL		NAME	I. Lorraine Thomas	
CITY-ST-ZIP	303 SE 17TH ST FORT LAUDERDALE, FL 33316		STREET ADDRESS	303 SE 17th Street Fort Lauderdale, FL 33316	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Director <div style="text-align: right;"> 3/12/04 954-355-5064 </div>		

WIL TROWER

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