


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90038 014 ****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	Zip	Country	4. FEI Number 65-0930867	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> 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 FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 STREET ADDRESS CITY - ST - ZIP	DP CHIZNER, MICHAEL MD 303 SOUTHEAST 17TH STREET FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GILL, CARL E MD 303 SE 17TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KNIGHT, MARK T 303 SE 17TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TROWER, WIL 303 SE 17TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, JOHN 303 SE 17TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALLARULLO, PAUL 303 SE 17TH ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV STEVEN BERRARD JP 303 SE 17th STREET FORT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <u>Mark T. Knight</u> Date: <u>1/26/05</u> Daytime Phone #: <u>355.4883</u>					