

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 08, 2009
Secretary of State

DOCUMENT# N98000004995

Entity Name: NORTH BROWARD HOSPITAL DISTRICT CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**303 SOUTHEAST 17TH STREET
FORT LAUDERDALE, FL 33316**New Principal Place of Business:****Current Mailing Address:**303 SOUTHEAST 17TH STREET
FORT LAUDERDALE, FL 33316**New Mailing Address:****FEI Number:** 65-0930889**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHAPIRO, KIMBERLY R
303 SE 17 ST.
FORT LAUDERDALE, FL 33316 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: NASK, FRANK
Address: 303 SE 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316**Title:** D () Delete
Name: FERNANDEZ, MIGUEL
Address: 303 SW 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316**Title:** S (X) Delete
Name: GOLDSTONE, MARC
Address: 303 SE 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316**Title:** DT () Delete
Name: JAVERSACK, DAWN
Address: 303 SE 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316**Title:** VP () Delete
Name: LONG, MICHAEL
Address: 303 SE 17TH ST
City-St-Zip: FORT LAUDERDALE, FL 33316**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK NASK

DP

06/08/2009

Electronic Signature of Signing Officer or Director

Date