

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722016

**Entity Name:** BROWARD COLLEGE FOUNDATION, INC.**Current Principal Place of Business:**111 EAST LAS OLAS BLVD., 11TH FLOOR  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**111 EAST LAS OLAS BLVD., 11TH FLOOR  
FORT LAUDERDALE, FL 33301 US**FEI Number:** 23-7181959**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWARD COLLEGE FOUNDATION  
111 EAST LAS OLAS BLVD., 11TH FLOOR  
FORT LAUDERDALE, FL 33301 US*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:** NANCY O'DONNELL-WILSON

03/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name JACKSON, BACARDI L.  
Address P.O. BOX 370037  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name PORTERFIELD, ANN S.  
Address 6831 SW 43RD STREET  
City-State-Zip: DAVIE FL 33314

Title DIRECTOR  
Name MOTWANI, DEV R.  
Address 2434 E. LAS OLAS BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR/FACULTY SENATE  
REPRESENTATIVE  
Name APA, ANDREA  
Address 7200 PINES BLVD.  
72/129  
City-State-Zip: PEMBROKE PINES FL 33024

Title EXECUTIVE DIRECTOR  
Name O'DONNELL-WILSON, NANCY R.  
Address 111 EAST LAS OLAS BLVD., 11TH  
FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name ROBERTS, DERRICK S.  
Address 110 SE 6TH STREET, SUITE 1200  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name BOCHAK, JOHN E.  
Address 7724 SCHOONER CT.  
City-State-Zip: PARKLAND FL 33067

Title VICE CHAIR  
Name MCGRATH, MONICA  
Address 411 N. NEW RIVER DRIVE E., APT.  
1503  
City-State-Zip: FORT LAUDERDALE FL 33301

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*I hereby 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 all other like empowered.*

**SIGNATURE:** NANCY R. O'DONNELL-WILSON

EXECUTIVE DIRECTOR

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name SUSS, RICHARD A.  
Address 10331 LONE STAR PLACE  
City-State-Zip: DAVIE FL 33328

Title PRESIDENT, BROWARD COLLEGE  
Name HAILE, GREGORY A.  
Address 111 E LAS OLAS BLVD.  
12TH FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name IRVING JR, BARRINGTON A.  
Address 14850 NW 44TH CT., SUITE 203  
City-State-Zip: OPA LOCKA FL 33054

Title DIRECTOR  
Name YANOWITCH, BEVERLY J.  
Address 2845 NE 9TH STREET, UNIT 1504  
City-State-Zip: FORT LAUDERDALE FL 33304

Title TREASURER  
Name FARLIE, CRAIG L.  
Address 401 E. LAS OLAS BLVD., #2360  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name BENZ, JOHN A.  
Address 1412 SW 15TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR  
Name LEVAN, JARETT S.  
Address 401 E. LAS OLAS BLVD., #800  
City-State-Zip: FORT LAUDERDALE FL 33301