FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719476 (4)

1. Corporation Name

SUN DIAL FOR THE DEVELOPMENTAL DISABLE OF BROWAR D COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 450584 SUNRISE FL 33345-7584	849 GARDEN CT PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1970
3a. Date of Last Report: 04/26/1994
4. FEI Number: 06-0113800 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ODOM, MARIA E.
849 GARDEN COURT
PLANTATION FL 33317

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	VD ☐ Change ☑ Addition
NAME	ODOM, MARIA	12 NAME	Joni Feola
STREET ADDRESS	849 GARDEN COURT	13 STREET ADDRESS	4126 InverraY Blvd
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Lauderhill, Fl Apt-2816
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	SCEVOLA, ROSE	22 NAME	
STREET ADDRESS	9800 N W 11TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, GAYE	32 NAME	700001515117
STREET ADDRESS	11750 SW 1ST ST	33 STREET ADDRESS	-06/16/95--01038--007
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	****130.00 ****130.00
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MANDEL, REBECCA	42 NAME	
STREET ADDRESS	9741 SUNRISE LAKES BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	$1.195 MS
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria E. Odom MARIA E. Odom President 4/27/95 305 583-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046826