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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
06-26-2001 90002 020 ****61.25

DOCUMENT # 719476

1. Entity Name

SUN DIAL FOR THE DEVELOPMENTAL DISABLE OF BROWAR

Principal Place of Business	Mailing Address
MEETING ROOM ARC SUNRISE FL 33345-7584	1440 ECHO DRIVE TITUSVILLE FL 32780 US

DO NOT WRITE IN THIS SPACE

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 06-0113800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ODOM, MARIA E. 1440 ECHO DRIVE TITUSVILLE FL 32780	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.

SIGNATURE Maria E. Odom MARIA E. Odom

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ODOM, MARIA 1440 ECHO DRIVE TITUSVILLE FL 32780	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	REGISTERED AGT. MARIA ODOM 1440 ECHO DR TITUSville FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SOLOMON, GAY 11750 SW 1ST STREET PLANTATION FL 33325	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT/TREASURER GABRIELLA SOLOMON 11750 SW FIRST ST. PLANTATION, FL. 33325	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MANDEL, REBECCA 9741 SUNRISE LAKES BLVD. SUNRISE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ABBEY, JONI 12735 HEADWATER CIRLCE WEST PALM BEACH FL 33414	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT/SECTY ABBEY, JONI 8460 SUNRISE LKS BLVD. #310 SUNRISE FLORIDA 33322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARILYN BUTCHER 361 S.W. 58 AVE. PLANTATION FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Maria E. Odom MARIA E. Odom 6/22/01 321-385-2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 12036

Date 7/9/96

SUN DIAL FOR THE DEVELOPMENTAL DISABLED OF BROWARD COUNTY INC.

[redacted]

June 22, 2001

DEAR Sir,

we are sorry to be late with our report.
Our new election took place last month.
I havegiven up my position as president.
I am still the Registered agent.
Enclosed:check for $61.25

Sincerely ,

Maria E. Odom

Maria E. Odom

A NON PROFIT ORGANIZATION

Attachment
12036

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 27, 2001

SUN DIAL FOR THE DEVELOPMENTAL DISABLE OF BROWARD COUNT
1440 ECHO DRIVE
TITUSVILLE, FL 32780 US

Subject: **SUN DIAL FOR THE DEVELOPMENTAL DISABLE OF BROWARD**

Reference Number: **719476**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sb
ANNUAL REPORTS SECTION

I was not able to get this back any sooner. I had SERIOUS ILLNESS in family this Summer. HAS been very hetic
Maria E. Aden Thank You for all your help.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Q. Regarding our organization forms