2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 719476

1. Entity Name
SUN DIAL FOR THE DEVELOPMENTAL DISABLE OF BROWARD COUNTY, INC.

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

02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

ODOM, MARIA E.
1440 ECHO DRIVE
TITUSVILLE, FL 32780

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DRA
NAME	ODOM, MARIA
STREET ADDRESS	1440 ECHO DRIVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	T2VP
NAME	SOLOMON, GABRIELLA
STREET ADDRESS	11750 SW 1ST STREET
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	D1VP
NAME	ABBEY, JONI
STREET ADDRESS	8460 SUNRISE LAKES BLVD
CITY-ST-ZIP	SUNRISE, FL 33327
TITLE	P
NAME	BUTCHER, MARILYN
STREET ADDRESS	361 SW 58TH AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80038-002 61.25

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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 4/6/05 321-385-2196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #