

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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 MEETING ROOM ARC SUNRISE, FL 33345-7584	Mailing Address 1440 ECHO DRIVE TITUSVILLE, FL 32780 US
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04222008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000937475
05/27/08 00053 003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRA ODOM, MARIA 1440 ECHO DRIVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2VP SOLOMON, GABRIELLA 11750 SW 1ST STREET PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP BROOKS, CELENE 7260 NW 7TH ST PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTCHER, MARILYN 361 SW 58TH AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-22-08 321-385-2126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #