2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 719476

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

Current Principal Place of Business:

MEETING ROOM
ARC
SUNRISE, FL 333457584

New Principal Place of Business:

Current Mailing Address:

1440 ECHO DRIVE
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 06-0113800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DRA	( ) Delete
Name:	ODOM, MARIA	
Address:	1440 ECHO DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	T2VP	( ) Delete
Name:	SOLOMON, GABRIELLA	
Address:	11750 SW 1ST STREET	
City-St-Zip:	PLANTATION, FL 33325	
Title:	D1VP	( ) Delete
Name:	BROOKS, CELENE	
Address:	7260 NW 7TH ST	
City-St-Zip:	PLANTATION, FL 33317	
Title:	P	( ) Delete
Name:	BUTCHER, MARILYN	
Address:	361 SW 58TH AVENUE	
City-St-Zip:	PLANTATION, FL 33317	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA E ODOM DRA 04/22/2009

Electronic Signature of Signing Officer or Director — Date