

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:13

DOCUMENT # **728055** (5)

1. Corporation Name

BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.

Principal Place of Business

Mailing Address

**BROWARD ASSOC. OF THE DEAF
362 WEST SAMPLE ROAD
POMPANO BEACH FL 33064**

**BROWARD ASSOC. OF THE DEAF
362 WEST SAMPLE ROAD
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1973** 3a. Date of Last Report **04/05/1994**

4. FEI Number **23-7326978** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNDON, RUSSELL S.
4111 CORAL TREE CIRCLE
STE 121
COCONUT CREEK FL 33073**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP**
NAME **WHEELER, MILDRED**
STREET ADDRESS **4601 S.W. 30TH WAY**
CITY - ST - ZIP **FT. LAUDERDALE FL**

11 TITLE **PRESIDENT** Change Addition
12 NAME **NORMAN FINKELSTEIN**
13 STREET ADDRESS **7561 NW 1st STREET**
14 CITY - ST - ZIP **MARGATE, FL. 33063**

TITLE **P**
NAME **THOMAS, JAMES**
STREET ADDRESS **3400 BANKS RD #208**
CITY - ST - ZIP **MARGATE FL**

21 TITLE **VICE PRESIDENT** Change Addition
22 NAME **MEYER RABIN**
23 STREET ADDRESS **1830 HAMMOCK BLVD.**
24 CITY - ST - ZIP **COCONUT CREEK, FL. 33063**

TITLE **T**
NAME **DUNDON, RUSSELL**
STREET ADDRESS **5497 PINE TERRACE**
CITY - ST - ZIP **PLANTATION FL**

31 TITLE **TREASURER** Change Addition
32 NAME **RUSSELL DUNDON**
33 STREET ADDRESS **4111 CORAL TREE CIRCLE #121**
34 CITY - ST - ZIP **COCONUT CREEK, FL. 33073**

TITLE **S**
NAME **TVEDE, BODIL**
STREET ADDRESS **9812-A 62ND TERRACE S**
CITY - ST - ZIP **BOYNTON BCH FL**

41 TITLE **SECRETARY** Change Addition
42 NAME **BODIL TVEDE**
43 STREET ADDRESS **9812-A 62nd TERRACE S**
44 CITY - ST - ZIP **BOYNTON BEACH, FL. 33437**

TITLE **D**
NAME **MEYER, RABIN**
STREET ADDRESS **1830 HAMMOCK BLVD**
CITY - ST - ZIP **COCONUT CREEK FL**

51 TITLE **D** Change Addition
52 NAME **HAROLD NIKOLAUS**
53 STREET ADDRESS **7380 NW 18th St, #101-26**
54 CITY - ST - ZIP **MARGATE, FL. 33063**

TITLE **D**
NAME **NIKOLAUS, ROSEMARY**
STREET ADDRESS **7380 NW 18TH ST #101-26**
CITY - ST - ZIP **MARGATE FL**

61 TITLE **D** Change Addition
62 NAME **BERNARD ROTHENBERG**
63 STREET ADDRESS **1207 MAHOGANY DRIVE**
64 CITY - ST - ZIP **BOYNTON, BEACH, FL. 33436**

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)(b), 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 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell S. Dundon, Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REPRINTED
Date **APR 25 1995** 1-305-784-0042
1-800-955-8770