

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **11/19/1973** 3a. Date of Last Report **05/01/1995**
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**
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. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
DUNDON, RUSSELL S.
4111 CORAL TREE CIRCLE
STE 121
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a/c 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 617.0503, Florida Statutes.
SIGNATURE *Russell S. Dundon Treasurer* DATE **4/3/96**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FINKELSTEIN, NORMAN	
STREET ADDRESS	7561 NW 1ST ST	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RABIN, MEYER	
STREET ADDRESS	1830 HAMMOCK BLVD	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUNDON, RUSSELL	
STREET ADDRESS	4111 CORAL TREE CIRCLE 121	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TVEDE, BODIL	
STREET ADDRESS	9812-A 62ND TERRACE S	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIKOLAUS, HAROLD	
STREET ADDRESS	7380 NW 18TH ST 101-26	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTHENBERG, BERNARD	
STREET ADDRESS	1207 MAHOGANY DR	
CITY-ST-ZIP	BOYNTON BEACH FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILDRED WHEELER	
STREET ADDRESS	4601 S.W. 30th Way	
CITY-ST-ZIP	Fort Lauderdale, FL. 33312	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON PLAVSKY	
STREET ADDRESS	611 S. State Rd. 7 #2H	
CITY-ST-ZIP	Margate, FL. 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell S. Dundon, Treasurer* DATE: *April 3 1996* TELEPHONE: *784-0042*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR DATE DAYTIME PHONE #

CR2E037 (12/95)