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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS.

DOCUMENT # 728055

1. Corporation Name

BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

11/19/1973

4. FEI Number

23-7326978

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TVEDE, BODIL C
 362 W SAMPLE RD
 STE 121
 POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHEELER, MILDRED	
STREET ADDRESS	4601 SW 30TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, NORMAN	
STREET ADDRESS	7561 NW 1ST BLVD 11 #308	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	<input type="checkbox"/> DELETE
NAME	UDELSON, JOEL	
STREET ADDRESS	4223 NW 83RD LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TVEDE, BODIL	
STREET ADDRESS	9812-A 62ND TERRACE S	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	RABIN, MEYER	
STREET ADDRESS	1830 HAMMOCK BLVD	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	GEFFEN, ROBERT	
STREET ADDRESS	7702 BRISTOL BAY LN	
CITY-ST-ZIP	LAKE WORTH FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Bodil C. Tvede
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99
 Date

Daytime Phone #

CR2E037 (1/198)