

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728055

FILED
Feb 06, 2007
Secretary of State

Entity Name: BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7326978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRUBLE, ELEANOR
362 WEST SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

LOCKHART, MICHAEL
362 WEST SAMPLE ROAD
POMPANO BEACH, FL 33064 US

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: JOEL M UDELSON

02/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLOMON, LESLIE
Address: 12401 SUMMER SPRINGS DR
City-St-Zip: BOYNTON BEACH, FL 334372044 US

Title: VP () Delete
Name: GOMPERS, MARGIE
Address: 888 SUN ACRE LANE
City-St-Zip: BOYNTON BEACH, FL 334362026 US

Title: T () Delete
Name: UDELSON, JOEL M
Address: 7023 PALAZZO REALE
City-St-Zip: BOYNTON BEACH, FL 334373739 US

Title: S () Delete
Name: STRUBLE, ELEANOR
Address: 3200 HOLIDAY SPRINGS BLVD APT: 104
City-St-Zip: MARGATE, FL 330635478 US

Title: TR () Delete
Name: NIKOLAUS, HAROLD
Address: 7380 NW 18TH ST APT 101
City-St-Zip: MARGATE, FL 330636871 US

Title: TR () Delete
Name: LERNER, IRA
Address: 260 N.W. 76TH AVE APT: 208
City-St-Zip: MARGATE, FL 330634862 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: OSHMAN, BETTY
Address: 7259 TONGA CT
City-St-Zip: BOYNTON BEACH, FL 33437 US

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

Title: S (X) Change () Addition
Name: LOCKHART, MICHAEL
Address: 5619 AINSLEY CT.
City-St-Zip: BOYNTON BEACH, FL 33437 US

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 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: JOEL M UDELSON

T

02/06/2007

Electronic Signature of Signing Officer or Director

Date