

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 6:13

DOCUMENT # N38791 (2)

1. Corporation Name

THE CORAL SPRINGS ADVOCACY COMMITTEE FOR THE HAN DICAPPED, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1891 N.W. 114TH AVE.
CORAL SPRINGS FL 33071

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CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1990

3a. Date of Last Report

03/08/1994

4. FCI Number

65-0224680

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

**BARON, KEITH D
8333 W. MCNAB ROAD
TAMARAC FL 33321**

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 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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	COHEN, ROBERT
STREET ADDRESS	1891 N.W. 114TH AVE.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	DVC
NAME	GRABLE, MARYANNE
STREET ADDRESS	159 N.W. 99TH WAY
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	TD
NAME	HOLLY, LIN R
STREET ADDRESS	9703 W SAMPLE RD
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	T
NAME	COHN, JERRY L.
STREET ADDRESS	7809 W. CCOMMERCIAL BLVD
CITY - ST - ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Director; Vice Chair
23 STREET ADDRESS	SHAW, Julie 6200 N. ANDREWS AVENUE
24 CITY - ST - ZIP	Pt. Lauderdale, FL 33309
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Director - Treasurer
33 STREET ADDRESS	POINTING, STEPHIE 3500 RIVERSIDE DRIVE
34 CITY - ST - ZIP	CORAL SPRINGS, FL 33065
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Director - Secretary
43 STREET ADDRESS	MARINO, VINCENT 7268 W. ATLANTIC BLVD.
44 CITY - ST - ZIP	MARACA, FL 33063
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Director
53 STREET ADDRESS	BARON, Keith 8333 W. MCNAB ROAD
54 CITY - ST - ZIP	TAMARAC, FL 33321
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Fee \$