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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38791 (2)

1. Corporation Name
THE CORAL SPRINGS ADVOCACY COMMITTEE FOR THE HAN DICAPPED, INC.



Principal Place of Business 1891 N.W. 114TH AVE. CORAL SPRINGS FL 33071	Mailing Address 1891 N.W. 114TH AVE. CORAL SPRINGS FL 33071-5761
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3. Date Incorporated or Qualified 06/26/1990	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0224680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COHEN, ROBERT	
STREET ADDRESS	1891 N.W. 114TH AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHAW, JULIE	
STREET ADDRESS	6200 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	DESSNA, RAY	
STREET ADDRESS	8058 W SAMPLES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARINO, VINCENT	
STREET ADDRESS	7268 W. ATLANTIC BLVD.	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, PAT	
STREET ADDRESS	9205 NW 80 STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNEBEL, ALAN	
STREET ADDRESS	1025 NE 88 TERRACE	
CITY-ST-ZIP	MARGATE 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DST
4.3 STREET ADDRESS	MARINO, VINCENT
4.4 CITY-ST-ZIP	7268 W. ATLANTIC BLVD.
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE _____

CR2E037 (9/96)