

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728055

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

Current Mailing Address:

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

FEI Number: 23-7326978

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name SOLOMON, LESLIE
Address 12401 SUMMER SPRINGS DR
City-State-Zip: BOYNTON BEACH FL 33437-2044

Title VP
Name TENDRICH, DONALD
Address 1401 NE MIAMI GARDENS DR #297
City-State-Zip: N MIAMI BEACH FL 33179

Title T
Name LOCKHART, MICHAEL
Address 5619 AINSLEY CT.
City-State-Zip: BOYNTON BEACH FL 33437

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL R LOCKHART

TREASURER

01/16/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date