JACOBS, CYNTHIA J 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	E CYNTHIA J JACOBS			01/03/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	CASTRO, CARIDAD	Name	NOWAK, MARCIA	
Address	16831 NW 54 AVE	Address	12693 BONNINGTON RANGE DF	R
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	BOYNTON BEACH FL 33473	
Title	TREASURER			
Name	JACOBS, CYNTHIA J			
Address	4911 PINEMORE LANE			

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.

TREASURER

SIGNATURE: CYNTHIA J JACOBS

City-State-Zip: LAKE WORTH FL 33463

Electronic Signature of Signing Officer/Director Detail

# **DOCUMENT# 728055**

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

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **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

### Name and Address of Current Registered Agent:

Certificate of Status Desired: No

FILED Jan 03, 2023 Secretary of State 2765477540CC

01/03/2023

Date