

2024 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:

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: CYNTHIA J JACOBS

01/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CASTRO, CARIDAD
Address 16831 NW 54 AVE
City-State-Zip: MIAMI GARDENS FL 33055

Title SECRETARY
Name NOWAK, MARCIA
Address 12693 BONNINGTON RANGE DR
City-State-Zip: BOYNTON BEACH FL 33473

Title TREASURER
Name JACOBS, CYNTHIA J
Address 4911 PINEMORE LANE
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name WATSON, DARLENE
Address 7031 LOCH ISLE DRIVE SOUTH
City-State-Zip: MIAMI LAKES FL 33014

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: CYNTHIA J JACOBS

TREASURER

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date