## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 8:00 am **Secretary of State DOCUMENT # 714329** 1. Entity Name 02-04-2004 90087 015 \*\*\*\*70.00 EASTER SEALS MIAMI-DADE, INC. Principal Place of Business Mailing Address 1475 N W 14TH AVENUE 1475 N W 14TH AVENUE MIAMI FL 33125-1616 MIAMI FL 33125-1616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For 4. FEI Number City & State 59-0722783 Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent BORNSTEIN, JOAN L PHD Street Address (P.O. Box Number is Not Acceptable) 1475 NW 14TH AVE **MIAMI FL 33125** 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE X Change ■ Addition ☐ Delete ROSSMAN, STEPHEN F NAME NAME 5340 BANYAN DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-7IP CITY-ST-ZIP Paul Bianco SD ☐ Change X Addition TITLE X Delete TITLE SILVERMAN, DR BARRY J MD 601 Brickell Key Drive # 404 NAME NAME 19553 NE 37TH AVE STREET ADDRESS STREET ADDRESS Miami, Florida 33131 N MIAMI BEACH FL 33180 CITY-ST-ZIP CITY-ST-ZIP CD ☐ Delete TITLE X Change Addition TITLE PECKINS, DAVIDM --- -NÂME' NAME 3050 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition HABIB, STEVEN NAME 1 GROVE ISLE DR APT 303 STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP **V**D Addition ☐ Delete TITLE TITLE STANLEY, TATE NAME NAME 1475 N W 14 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change | Addition TITLE GALLAGHER, ROBERT E JR NAME NAME 4320 SANTA MARIA STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

305-547-4757

Daytim

FILED