

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714629** (3)
1. Corporation Name
EASTER SEAL SOCIETY OF BROWARD COUNTY, INC.



Principal Place of Business

6951 W SUNRISE BLVD.
PLANTATION FL 33313

Mailing Address

6951 W SUNRISE BLVD.
PLANTATION FL 33313

3. Date Incorporated or Qualified
05/22/1968

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0668471

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAHR, GEORGE A
2721 SW 81 WAY
DAVIE FL 33328

81 Name **Dan Smith**

82 Street Address (P.O. Box Number is Not Acceptable)
2121 N. Bayshore Drive #604

83

84 City **Miami,**

FL

85 Zip Code
33137

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

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

3-8-96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D HORVITZ, NORMA**
STREET ADDRESS **2200 SO OCEAN LN, STE 2401**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D MOODY, LESTER III**
STREET ADDRESS **500 N FEDERAL HWY**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **VD STEPHENS, JAMES**
STREET ADDRESS **2701 NE 14 ST CAUSEWAY**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE
NAME **D LEWIS, MILTON**
STREET ADDRESS **4536 N FEDERAL HWY**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D CORY, DAVID**
STREET ADDRESS **6600 TAFT ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☒ DELETE
NAME **D DIXON, ELEANOR**
STREET ADDRESS **1375 SOUTHEAST 11 ST.**
CITY-ST-ZIP **FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Fuerst, Scott**
1.3 STREET ADDRESS **200 E. Broward Blvd.**
1.4 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33301**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **Finnegan, Stephanie**
6.3 STREET ADDRESS **11901 S.W. 3rd Street**
6.4 CITY-ST-ZIP **Plantation, Fl. 33325**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/29/96

Daytime Phone #

782-4788

CR2E037 (12/95)