

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 719112 (5)

1. Corporation Name

THE PHYSICALLY HANDICAPPED INCORPORATED



Principal Place of Business

4750 NW 10TH CT. APT 202
PLANTATION FL 33313-6560

Mailing Address

4750 NW 10TH CT. APT 202
PLANTATION FL 33313-6560

3. Date Incorporated or Qualified

03/06/1970

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7410313

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, DOROTHY
1008 SW 22ND STREET
FORT LAUDERDALE FL 33315

81 Name

1

82 Street Address (P.O. Box Number is Not Acceptable)

300001746249

83

03/10/96-01023-029
***\$61.25

84 City

FL

85 Zip Code

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

Dorothy Green

Dorothy Green

Feb 10, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME GODDARD, STELLA
STREET ADDRESS 2357 SW 83RD TERR.
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PRESIDENT
1.3 STREET ADDRESS GODDARD, STELLA
1.4 CITY-ST-ZIP 2357 SW 83RD TERR
FT. LAUDERDALE, FL 33324

TITLE D ☐ DELETE
NAME MINKIN, ED
STREET ADDRESS 9901 NW 71ST ST
CITY-ST-ZIP TAMARAC FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VICE PRESIDENT
2.3 STREET ADDRESS MINKIN, ED
2.4 CITY-ST-ZIP 9901 NW 71ST ST
TAMARAC, FL 33321

TITLE T ☐ DELETE
NAME BARNES, ANICE
STREET ADDRESS 4750 NW 10TH CT #202
CITY-ST-ZIP PLANTATION FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME DIRECTOR
3.3 STREET ADDRESS BARNES, ANICE
3.4 CITY-ST-ZIP 4750 NW 10TH CT #202
PLANTATION, FL 33313

TITLE D ☐ DELETE
NAME GREEN, DOROTHY
STREET ADDRESS 1008 SW 22ND ST
CITY-ST-ZIP FT LAUDERDALE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME TREASURER
4.3 STREET ADDRESS GREEN, DOROTHY
4.4 CITY-ST-ZIP 1008 SW 22ND ST
FT. LAUDERDALE, FL 33315

TITLE S ☐ DELETE
NAME FRYE, NORMAN
STREET ADDRESS 12633 SW 4TH CT.
CITY-ST-ZIP DAVIE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME SECRETARY
5.3 STREET ADDRESS FRYE, NORMAN
5.4 CITY-ST-ZIP 12633 SW 4TH CT
DAVIE, FL 33325

TITLE P ☒ DELETE
NAME ALVES, TOLEDO
STREET ADDRESS 1201 NW 11 CT
CITY-ST-ZIP FT LAUDERDALE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Dorothy Green

Dorothy Green

Feb 10, 1996

954 -

463-2589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)