

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 # 728984 (6)

1. Corporation Name

B.O.L.D. (BROADER OPPORTUNITIES FOR THE LEARNING  
DISABLED), INC.



Principal Place of Business

Mailing Address

2231 SW 83RD AVE  
BOX 546309  
SURFSIDE FL 33154  
US

2231 SW 83RD AVE  
BOX 54-6407  
SURFSIDE FL 33154  
US

3. Date Incorporated or Qualified  
03/05/1974

3a. Date of Last Report  
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7410703

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRED, STANLEY M  
1515 NW 7TH ST, #106  
MIAMI FL 33125

81 Name

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

83

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

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

(NOTE: Registered Agent's signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME CORPION, CARMEN G.  
STREET ADDRESS 2231 SW 83RD AVE  
CITY-STATE-ZIP MIAMI FL

11 TITLE T. Leana Chu Z  
12 NAME 200 N.W. 63rd Court  
13 STREET ADDRESS miami, FL  
14 CITY-STATE-ZIP

TITLE S  
NAME PRUDHOMME, PATRICIA  
STREET ADDRESS 598 W. 45TH PLACE  
CITY-STATE-ZIP HIALEAH FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE D  
NAME SCHMITT, EVELYN U.  
STREET ADDRESS 9200 BAY HARBOR TERR  
CITY-STATE-ZIP MIAMI FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE D  
NAME SUKMAN, NAOMI  
STREET ADDRESS 5313 COLLINS AVENUE  
CITY-STATE-ZIP MIAMI BEACH FL

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE D  
NAME WILSON, ALZETA  
STREET ADDRESS 4750 NW 8TH AVE  
CITY-STATE-ZIP MIAMI FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE D  
NAME Sbrissa Sharon  
STREET ADDRESS 1100 N.E. 200th Terrace  
CITY-STATE-ZIP N. Miami Beach, FL 33179

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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: Carmen G. Corpion  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen Corpion President

3/19/96

Date

226-4356

Daytime Phone #

CR2E037 (12/95)