

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 546009
SURFSIDE FL 33154
US2231 SW 83RD AVE
BOX 54-8407
SURFSIDE FL 33154-0407
US3. Date Incorporated or Qualified
03/05/19743a. Date of Last Report
03/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-7410703

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CORPION, CARMEN G.
STREET ADDRESS 2231 SW 83RD AVE
CITY-ST-ZIP MIAMI FL 33155TITLE S
NAME PRUDHOMME, PATRICIA
STREET ADDRESS 598 W. 45TH PLACE
CITY-ST-ZIP HIALEAH FL 33012TITLE D
NAME SCHMITT, EVELYN U.
STREET ADDRESS 9200 BAY HARBOR TERR
CITY-ST-ZIP MIAMI FL 33154TITLE D
NAME SUKMAN, NAOMI
STREET ADDRESS 1080-93rd St
5042 COLLINS AVENUE Bay Harbor, FL
CITY-ST-ZIP MIAMI BEACH FL 33154TITLE D
NAME WILSON, ALZETA
STREET ADDRESS 4750 NW 8TH AVE
CITY-ST-ZIP MIAMI FLTITLE D
NAME SBRISSA, SHARON
STREET ADDRESS 1100 NE 200TH TERRACE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer
1.2 NAME Ileana Cruz
1.3 STREET ADDRESS 800 N.W. 63rd Court
1.4 CITY-ST-ZIP Miami, FL 331262.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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
Date 2/11/97
Daytime Phone # 264-8586
0030602

CP2E037 (9/96)