


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 728984 1. Entity Name B.O.L.D. (BROADER OPPORTUNITIES FOR THE LEARNING DISABLED), INC.						FILED 04 JUN 18 AM 8:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9200 BAY HARBOR TERR 5C BAY HARBOR, FL 33154 US				Mailing Address PO BOX 54-6407 SURFSIDE, FL 33154 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PRED, STANLEY M 13899 BISCAYNE BLVD. MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P XXXXXXXXXX COOPER, KARMEN G. 2231 SW 83RD AVE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dr. Denise Gudwin 11035 SW 154 Court Miami, FL 33196 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRUDHOMME, PATRICIA 598 W. 45TH PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Magda Salazar 10251 SW 88th St Miami, FL 33176 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SCHMITT, EVELYN U. 9200 BAY HARBOR TERR BAY HARBOR, FL 33154 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXXXXXX SHAWAN, MONA 1080 - 93TR ST. BAY HARBOR, FL 33154 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Jordan 8700 SW 80th St Miami, FL 33173 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XXXXXXXXXX 4750 NW 8TH AVE MIAMI, FL 33127 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGUEROA, GLADYS 1111 KANE CONCOURSE BAYHARBOR, FL 33154 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Evelyn U. Schmitt</u> <u>6/8/04</u> <u>(305) 866-3262</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							