

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750587

FILED
Apr 19, 2006
Secretary of State

Entity Name: DEERFIELD BEACH AUXILIARY OF THE HABILITATION CENTER FOR THE HANDICAPPED, INC.

Current Principal Place of Business:

22313 BOCA RIO ROAD
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

22313 BOCA RIO ROAD
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-2024495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRIS, WILLIAM C.
22313 BOCA RIO ROAD
BOCA RATON, FL
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SASPOSNEKOO, SYLVIA
Address: 2040 LYNHURST J
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD () Delete
Name: CHERNOFF, BETTY
Address: 235 TILFORD L
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD () Delete
Name: CHERNOFF, BERNARD
Address: TILFORD #233
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD () Delete
Name: GOLDSTEIN, SHIRLEY
Address: 4046 VENTNOR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ZVERIN, NATALIE
Address: 96 LYNHURST E
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD (X) Change () Addition
Name: COLE, KITTY
Address: 7 OAKRIDGE B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD (X) Change () Addition
Name: CHERNOFF, BERNARD
Address: 235 TILFORD L
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD (X) Change () Addition
Name: GOLDSTEIN, SHIRLEY
Address: 4046 VENTNOR O
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VD () Change (X) Addition
Name: HECHT, TINA
Address: 3041 VENTNOR O
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. FERRIS

R. A

04/19/2006

Electronic Signature of Signing Officer or Director

Date