FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756230 (9)

1. Corporation Name
BROWARD ASSOCIATION OF THE BLIND, INC.

Principal Place of Business	Mailing Address
ATTN: RICHARD GIOMBETTI 412 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060	ATTN: RICHARD GIOMBETTI 412 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1981
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-6162067 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAYERS, SAM
1238 N.E. 3RD AVENUE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: Bagwell, Rose
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3505 POLK ST
84 City: HOLLYWOOD FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rose Bagwell — Rose Bagwell — 4-17-95
(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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHLAGLE, TWILA	1.2 NAME		
STREET ADDRESS	9391 S BELFONT CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SAYERS, EVELYN	2.2 NAME		
STREET ADDRESS	1280 NW 43RD TERR #312	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LOWE, TOBY	3.2 NAME	LOWE, TOBY	
STREET ADDRESS	1113 ALABAMA AVE.	3.3 STREET ADDRESS	1113 ALABAMA AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	GIOMBETTI, RICHARD	4.2 NAME		
STREET ADDRESS	412 S. CYPRESS RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, VERA	5.2 NAME		
STREET ADDRESS	4303 BUCHANAN ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	BAGWELL, ROSE	6.2 NAME	GIBSON, STEPHANIE	
STREET ADDRESS	3505 POLK ST.	6.3 STREET ADDRESS	305 SW 8TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	

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)(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: Vera L DeBoard Vera L Johnson — 4-15-95 — 305-964-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #