

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 # 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

3. Date Incorporated or Qualified 02/06/1981	3a. Date of Last Report 04/24/1995
4. FEI Number 59-6162067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAGWELL, ROSE
3505 POLK ST.
HOLLYWOOD FL 33021**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE BD	<input checked="" type="checkbox"/> DELETE
NAME LOWE, TOBY	
STREET ADDRESS 1115 ALABAMA AVE.	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SAYERS, EVELYN	
STREET ADDRESS 1200 NW 43RD TERR #312	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME LOWE, TOBY	
STREET ADDRESS 1115 ALABAMA AVE	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GIOMBETTI, RICHARD	
STREET ADDRESS 412 S. CYPRESS RD.	
CITY-ST-ZIP POMPANO BCH FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME JOHNSON, VERA	
STREET ADDRESS 4303 BUCHANAN ST.	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME GIBSON, STEPHANIE	
STREET ADDRESS 208 SW 8TH ST	
CITY-ST-ZIP FT. LAUDERDALE FL	

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME BAGWELL, ROSE	
1.3 STREET ADDRESS 3505 POLK ST	
1.4 CITY-ST-ZIP HOLLYWOOD FL 33021	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME SCHRAK, TWILA	
2.3 STREET ADDRESS 9391 S. BELFONTE CIRCLE	
2.4 CITY-ST-ZIP TAMARAC FL 33321	
3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME GIOMBETTI, RICHARD	
3.3 STREET ADDRESS 412 S. CYPRESS RD	
3.4 CITY-ST-ZIP POMPANO BCH FL	
4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME DAILING, MARY LOU	
4.3 STREET ADDRESS 7500 NW 15TH ST	
4.4 CITY-ST-ZIP PLANTATION FL 33313	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME SIEGEL, ELAINE	
6.3 STREET ADDRESS 10809 W. CLAIRMONT CIRCLE	
6.4 CITY-ST-ZIP TAMARAC FL 33321	

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:

Vera L. Johnson

Vera L. Johnson

4-22-96

954-964-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)