


FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 02/06/1981	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BAGWELL, ROSE 3505 POLK ST. HOLLYWOOD FL 33021	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BAGWELL, ROSE	1.2 NAME	SLAGEL, TWILA
STREET ADDRESS	3505 POLK STREET	1.3 STREET ADDRESS	9391 S. BELFONT CIRCLE
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VD	2.1 TITLE	VD
NAME	SCHIRANK, TWILA	2.2 NAME	GIOMBETTI, RICHARD
STREET ADDRESS	9391 S. BELFONT CIRCLE	2.3 STREET ADDRESS	412 S. CYPRESS ROAD
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	VD	3.1 TITLE	VD
NAME	GIOMBETTI, RICHARD	3.2 NAME	SUE ANN HIBNER
STREET ADDRESS	412 S. CYPRESS ROAD	3.3 STREET ADDRESS	2801 NW 107 AVE
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	VD	4.1 TITLE	VD
NAME	DAILING, MARY LOU	4.2 NAME	NOSTRA, MARGUERITE
STREET ADDRESS	7500 NW 15TH STREET	4.3 STREET ADDRESS	7352 ASHMONTE CIRCLE
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	TD	5.1 TITLE	
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	
NAME	SIEGEL, ELAINE	6.2 NAME	
STREET ADDRESS	10809 W. CLAIRMONT CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

14. 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 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 5/13/98 954-964-1925

CR2E037 (10/97)