

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90148 034 ****61.25

DOCUMENT # 756230 (9)

1. Corporation Name

BROWARD ASSOCIATION OF THE BLIND, INC.

Principal Place of Business

Mailing Address

ATTN: RICHARD GIOMBETTI ATTN: RICHARD GIOMBETTI
412 SOUTH CYPRESS ROAD 412 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/06/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-6162067

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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	PD	<input type="checkbox"/> DELETE
NAME	SLAGEL, TWILA	
STREET ADDRESS	9391 S. BELFONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIOMBETTI, RICHARD	
STREET ADDRESS	412 S. CYPRESS ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HIBNER, SUE ANN	
STREET ADDRESS	2801 NW 107 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOSTRA, MARGUERITE	
STREET ADDRESS	7352 ASHMONTE CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, VERA	
STREET ADDRESS	4303 BUCHANAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIEGEL, ELAINE	
STREET ADDRESS	10809 W. CLAIRMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Vera L. Johnson

VERA L. JOHNSON

4/20/99

954-964-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)