

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 756230

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



Principal Place of Business
ATTN: VERA L. JOHNSON
4303 BUCHAHAN ST.
HOLLYWOOD, FL 33021

Mailing Address
ATTN: VERA L. JOHNSON
4303 BUCHAHAN ST.
HOLLYWOOD, FL 33021



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6162067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, VERA L
4303 BUCHANAN ST.
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDWARDS, CAROLE
STREET ADDRESS 8977 NW 27TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VD
NAME DAILING, MARY LOU
STREET ADDRESS 7500 NW 15 ST.
CITY-ST-ZIP PLANTATION, FL 33313

TITLE VD
NAME HIBNER, SUE A
STREET ADDRESS 10735 CLAIRMONT CIRCLE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TD
NAME JOHNSON, VERA
STREET ADDRESS 4303 BUCHANAN ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD
NAME SIEGEL, ELAINE
STREET ADDRESS 10809 W. CLAIRMONT CIRCLE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000263856
03/15/05-80003-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vera L. Johnson

VERA L JOHNSON

3/4/2005

954-964-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #