


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 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 BUCHANAN ST. HOLLYWOOD, FL 33021	Mailing Address ATTN: VERA L. JOHNSON 4303 BUCHANAN ST. HOLLYWOOD, FL 33021
---	---



03262006 No Chg-NP CR2E037 (11/05)

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	

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, CAROLE 8977 NW 27TH ST. CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAILING, MARY LOU 7500 NW 15 ST. PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIBNER, SUE A 10735 CLAIRMONT CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, VERA 4303 BUCHANAN ST. HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEGEL, ELAINE 10809 W. CLAIRMONT CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000485030
14712/06 180066 021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/27/2006 954-964-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #