2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State
05-18-2007 90019 042 ****61.25

DOCUMENT # 756230

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

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

DO NOT WRITE IN THIS SPACE

05072007 No Chg-NP CR2E037 (4/06)

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

Filing Fee is $61.25
Due by September 14, 2007

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	~~10800 W. CLAIRMONT CIRCLE~~
CITY-ST-ZIP	~~TAMARAC, FL 33321~~
TITLE	SD
NAME	SLAGEL, TWILA
STREET ADDRESS	6070 NW 64TH AVE
CITY-ST-ZIP	TAMARAC, FL 33319

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 5-7-2007 954-964-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #