2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 756230

Entity Name: BROWARD ASSOCIATION OF THE BLIND, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-6162067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	EDWARDS, CAROLE	
Address:	8977 NW 27TH ST.	
City-St-Zip:	CORAL SPRINGS, FL 33065	
Title:	D	( ) Delete
Name:	DAILING, MARY LOU	
Address:	7500 NW 15 ST.	
City-St-Zip:	PLANTATION, FL 33313	
Title:	VD	( ) Delete
Name:	HIBNER, SUE A	
Address:	10735 CLAIRMONT CIRCLE	
City-St-Zip:	TAMARAC, FL 33321	
Title:	TD	( ) Delete
Name:	JOHNSON, VERA,	
Address:	4303 BUCHANAN ST.	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	VSD	( ) Delete
Name:	SLAGEL, TWILA	
Address:	6070 NW 64TH AVE.	
City-St-Zip:	TAMARAC, FL 33319	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA L JOHNSON TD 03/02/2009

Electronic Signature of Signing Officer or Director — Date