

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 041 ****61.25

DOCUMENT # 756230

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



Principal Place of Business
ATTN: RICHARD GIOMBETTI
412 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060

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



2. Principal Place of Business
ATTN: VERA L. JOHNSON

3. Mailing Address
ATTN: VERA L. JOHNSON

Suite, Apt. #, etc.
4303 BUCHANAN ST

Suite, Apt. #, etc.
4303 BUCHANAN ST

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number **59-6162067**

Applied For

Not Applicable

Zip
33021

Country
BROWARD

Zip
33021

Country
BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGWELL, ROSE
3505 POLK ST.
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**-Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
NOSTRA, MARGUERITE
7352 ASHMONTE CIRCLE
TAMARAC FL 33321 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CAROLE EDWARDS, CAROLE
8977 NW 27th ST
CORAL SPRINGS FL 33065 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SLAGEL, TWILA
9391 S BELFONTE CIRCLE
TAMARAC FL 33321 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DAILING, MARY LOU
7500 NW 15 ST
PLANTATION FL 33313 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HIBNER, SUE A
10735 CLAIRMONTE CIRCLE
FORT LAUDERDALE FL 33321 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MARSHALL, PAULA
1520 NW 111TH AVENUE
PEMBROKE PINES FL 33312 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SIEGEL, ELAINE
10809 W. CLAIRMONTE CIRCLE
TAMARAC FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 4-26-03 954-964-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)