## 2002 UNIFORM BUSINESS REPORT (UER)

Mailing Address

3. Mailing Address

159 MW 68TH STREET

FT LAUDERDALE FL 33309

DOCUMENT # N0100003667

AMERICAN ASSOCIATION FOR DISABLED CHILDREN, INC.

1. Entity Name

Principal Place of Business

159 NW 68TH STREET

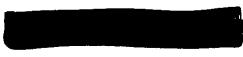
FT LAUDERDALE FL 33309

2. Principal Place of Business

## FILED Sep 10, 2002 8:00 am Secretary of State

08-26-2002 90052 022 \*\*\*\*61.25

42425



159 NW 68TH 55			159 NW 88TY ST								
Suite, Apt.	, #, etc.		uite, Apt. #, etc.	· <u>-</u>			DO NOT WRITE	IN THIS SF	PACE		
		City & State			4. FEI Number 65-0884412			Н	Applied For Not Applicable		
Zip Country			Zip Country			60					
33309	us	·	3309	us	_	5. Certificate of S	tatus Desired		ee Requ	Additional ired	
	6. Name and Addr	ess of Current Register	ed Agent			7. Name and Add	tress of New Reg	istered A	gent :		
سامر در درد					lame	######################################	Taranti Tarate e e e e e e e e e e e e e e e e e e				
	AULT, EUGENE		τ.		Street Address (P.O. Box Number is Not Acceptable)						
	8TH STREET							-	. '		
FT LAUDERDALE FL 33309				City Zip Code						ode	
8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits this statement for the purpose of changing its re-  8. The above named entity submits the statement for the purpose of changing its re-  8. The above named entity submits the statement for the purpose of changing its re-  8. The above named entity submits the statement for the purpose of changing its re-  8. The above named entity submits the statement for the purpose of changing its re-  8. The above named entity submits the statement for the purpose of changing its re-  8. The above named entity submits the statement for the purpose of changing its re-  8. The above named entity submits the statement for the purpose of changing its re-  8. The above named entitle submits the statement for the purpose of changing its re-  8. The above named entitle submits the statement for the purpose of changing its re-  8. The above named entitle submits the statement for the purpose of changing its re-  8. The above named entitle submits the statement for				•	FŁ				•		
the obligat	ions of registered agent		PR 6.5. J	Ch	,	attered agent, or both, in		32 - 0  DATE	_	th, and accept	
After September 13, 2002, 9. Election Camp. min. will be \$236.25. Trust Fund Cor					ncing	\$5.00 May Be Added to Fees Department of S			•	<b>I</b>	
10.	OFF	ICERS AND DIRECTORS		11		ADDITIONS/CHANG	S TO OFFICERS	AND DIRE	CTORS	IN 10	
TITLE	PRESIDENT	- DIRECTOR	☐ Delete	TITLE		<del></del>			Change	Addition	
NAME	EHEENE AR	CHAMBAUT /	6)	NAME	- 1						
STREET ADDRESS	159 NW 6871	y 50, (		STREET AD	ORESS						
CITY-ST-ZIP	FT. LAUDERS	ONLE FL 33	309	CITY-ST-2	TIP						
TITLE	DIRECTOR		☐ Delete	TITLE					Change	Addition	
NAME	DONNA ARCI	HAMBAUZT B		NAME							
			_	STREET ADI						'	
		OALE FL. 33	309	CITY-ST-Z	DP					<del>-</del>	
TITLE	DIRECTOR	CHAMBANLT	Delete	TITLE	.'	¬ = 1 = 1 = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2	<u> </u>		Change	Addition -	
NAME CORRECT ADDRESS	MICHELE AR	CHAMBAN LT	$\mathcal{L}$	NAME			•			-	
	2441 FILMO	· •	ي.	STREET ADD		•					
	HOLLYWOOD	FC. 33820		CITY-ST-ZI	.P						
TITLE		•	☐ Delete	TITLE	-				] Change	☐ Addition	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				STREET ADD	- 1						
		<u> </u>		CITY-ST-ZI	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>				
TITLE			☐ Delete	TITLE					] Change	Addition	
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STREET ADORESS CITY-ST-ZIP				STREET ADD		-					
					r	<u> </u>					
TITLE			Delete	TITLE					] Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADD	DECE						
CITY-ST-ZIP				CITY-ST-ZII						ļ	
12. I hereby countries indicated countries of the corp	poration of the receiver of	n supplied with this filing mental report is true and a or trustee empowered to the an address, with all oth	execute this report as	e exemptio	n stated in t	Section 119.07(3)(i), Flore e same legal effect as if 17, Florida Statutes; and	rida Statutes. I luri made under oath I that my name ap	ther certify that I am pears in B	that the an office lock 10 d	information or director or Block 11 if	

SIGNATURE:

AE CUERULA FAR CHAMONUT

235-5947