

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007952

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: ALLIANCE FOR FAMILIES WITH DEAF CHILDREN, INC.

Current Principal Place of Business:

3733 NW 107 WAY
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3733 NW 107 WAY
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-1151390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JENNIFER
3733 NW 107 WAY
SUNRISE, FL 33351

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: D () Delete
Name: LAJO, DANETTE
Address: 9610 SW 45 TERR
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: JONES, JENNIFER
Address: 3733 NW 107 WAY
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: HOFFMAN, REBECCA
Address: 2050 FORT DENAUD RD
City-St-Zip: LABELLE, FL 33935

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HERNANDEZ, DANETTE L MRS.
Address: 9610 SW 45 TERR
City-St-Zip: MIAMI, FL 33165

Title: D (X) Change () Addition
Name: JONES, JENNIFER H MRS.
Address: 3733 NW 107 WAY
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: HOFFMAN, REBECCA MRS.
Address: 2050 FORT DENAUD RD
City-St-Zip: LABELLE, FL 33935

Title: O () Change (X) Addition
Name: FINNEGAN, MARGARET DR.
Address: PO BOX 1027
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: O () Change (X) Addition
Name: COHN, CHRISTIE MS.
Address: 117 NE 95 STREET
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER JONES

D

04/22/2002

Electronic Signature of Signing Officer or Director

Date