

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007952

FILED
Jan 15, 2008
Secretary of State

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

Current Principal Place of Business:

1350 EAST SUNRISE BOULEVARD
SUITE 105
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1350 EAST SUNRISE BOULEVARD
SUITE 105
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1151390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JENNIFER
812 WEST PLANTATION CIRCLE
PLANTATION, FL 33324 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: D () Delete
Name: DAVID, DEBORAH
Address: 6301 NW 5TH WAY SUITE 3400
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D () Delete
Name: PERO, PATRICIA
Address: 1565 NW 159TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: ULISS, BETSY MS
Address: 8618 VIA GIARDINO
City-St-Zip: BOCA RATON, FL 33433

Title: O () Delete
Name: MCCARTHY, KARMEL MRS
Address: 703 NORTH FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33028

Title: O () Delete
Name: HOFF, ERIKA DR.
Address: 2912 COLLEGE AVENUE
City-St-Zip: DAVIE, FL 33314

Title: O () Delete
Name: STACEY, DANIEL MR.
Address: 11865 ROYAL PALM BOULEVARD APT. 204
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANDER, RANDI
Address: 10160 SW 1ST COURT
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change () Addition
Name: COWART, LYSSETTE
Address: 8103 NW 73RD TERRACE
City-St-Zip: TAMARAC, FL 33321

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: BETSY ULISS

D

01/15/2008

Electronic Signature of Signing Officer or Director

Date