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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:26

DOCUMENT # N01829 (3)

1. Corporation Name

BUSINESS COALITION FOR AMERICANS WITH DISABILITI ES, INCORPORATED (BCAD)

Principal Place of Business	Mailing Address
15422 SW 137TH PLACE XXXXX MIAMI FL 33177 US	15422 SW 137TH PLACE XXXXX MIAMI FL 33177 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XXX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 15422 SW 137th Place	26 15422 SW 137th Place
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami FL	28 City & State: Miami FL
24 Zip: 33177 25 Country: USA	29 Zip: 33177 30 Country: USA

9. Name and Address of Current Registered Agent

SANCHEZ, LINDA C.
15422 SW 137TH PLACE
XXXXXXXX
MIAMI FL 33177

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Linda Carmona-Sanchez, Exec. Director 1/30/95
(Signature, typed or printed name of registered agent and title if applicable) (NO) (Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	DAVIS, DEBORAH J.	12 NAME	POIRIER, Louyse	
STREET ADDRESS	12535 SW 111 AVE	13 STREET ADDRESS	7300 Corporate Ctr. Dr., #1101	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami FL 33126	
TITLE	VD	21 TITLE	VD	XX Change ☐ Addition
NAME	BOHMSACK, FRAN	22 NAME	BOHNSACK, Fran	
STREET ADDRESS	690 SW 1ST CT	23 STREET ADDRESS	690 SW 1st Court	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami FL 33130	
TITLE	TDVP	31 TITLE	VD	☐ Change ☐ Addition
NAME	TIRRELL, RITA C.	32 NAME	COLLETTE-TIRRELL, Rita	
STREET ADDRESS	1633 N. BAYSHORE DR	33 STREET ADDRESS	1633 N. Bayshore Dr.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami FL 33132	
TITLE	TD	41 TITLE	TD	X Change ☐ Addition
NAME	HICKS	42 NAME	SALOM, Victoria	
STREET ADDRESS	6395 SW 44TH ST	43 STREET ADDRESS	5711 So. Dixie Highway	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami FL 33143	
TITLE	SD	51 TITLE	SD	XX Change ☐ Addition
NAME	FOWLER, MERCY R.	52 NAME	CUMISKEY, Nicola	
STREET ADDRESS	3010 SW 92ND PLACE	53 STREET ADDRESS	5513 Merrick Dr.,	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Coral Gables FL 33146	
TITLE		61 TITLE	VD	XX Change ☐ Addition
NAME		62 NAME	RICHARDSON, Diana	
STREET ADDRESS		63 STREET ADDRESS	111 NW 1st St., 12 Fl., #348	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami FL 33132	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify under Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: Linda Carmona-Sanchez, Exec. Director 1/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date

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