

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000005747

1. Entity Name
**GREATER FORT LAUDERDALE ASSOCIATION OF THE
DEAF, INC.**



Principal Place of Business
**362 W SAMPLE RD
POMPANO BEACH, FL 33064**

Mailing Address
**362 W SAMPLE RD
POMPANO BEACH, FL 33064**



04062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0623996

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLEICHER, CATHERINE
7341 NE 18 ST #203
MARGATE, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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. same

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00000889015
04/22/08-80035-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BIANCA, VIRGINIA
STREET ADDRESS	899 RIVERSEIDE DR #612
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VP
NAME	BOWMAN, ROGER
STREET ADDRESS	7960 HAMPTON BLVD - # 407
CITY-ST-ZIP	N LAUDERDALE, FL 33068
TITLE	S
NAME	BERGER, ELIZABETH
STREET ADDRESS	1721 NW 2ND ST - # B1
CITY-ST-ZIP	DEERFIELD, FL 33442
TITLE	T
NAME	GLEICHER, CATHERINE
STREET ADDRESS	7341 NW 18 ST #203
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	DECONINCK, RICHARD
STREET ADDRESS	5750 NE 19 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	ESPOSITO, PATTI
STREET ADDRESS	7960 HAMPTON BLVD - # 407
CITY-ST-ZIP	N LAUDERDALE, FL 33068

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Catherine Gleicher - Catherine Gleicher, Cpr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8009734731

Daytime Phone #