

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50367 (4)

1. Corporation Name

SOUTH FLORIDA ASSOCIATION FOR DISABILITY ADVOCACY (SFADA), INC.



Principal Place of Business

Mailing Address

~~% D/SAIL~~
1335 NW 14TH ST
MIAMI FL 33125

~~% D/SAIL~~
1335 NW 14TH ST
MIAMI FL 33125

3. Date Incorporated or Qualified
08/17/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1335 N.W. 14 Street**

2a. Mailing Address
26 **same**

4. FEI Number
65-0379532

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **Suite 200**

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Miami, Florida**

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 **33125** 25 **Dade**

Zip Country
29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANHAM, MICHAEL F.
% D/SAIL
1335 NW 14TH ST
MIAMI FL 33125

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Michael F. Lanham**

2/1/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, MALCOLM	12 NAME	DP Stevens, Malcolm
STREET ADDRESS	3228 SW 3RD ST	13 STREET ADDRESS	154 Libby Lane
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Thomasville, Georgia 31792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	
NAME	BRIDIS, TED	22 NAME	
STREET ADDRESS	9785 SW 145TH ST	23 STREET ADDRESS	33176
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESTER, TERRI	32 NAME	
STREET ADDRESS	750 NW 20TH ST	33 STREET ADDRESS	33127
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, MICHAEL	42 NAME	
STREET ADDRESS	8601 NW 193RD TER	43 STREET ADDRESS	33015
CITY-ST-ZIP	MIAMI LAKES FL	44 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DU PRE, ELLY	52 NAME	
STREET ADDRESS	601 SW 8TH AVE	53 STREET ADDRESS	33130
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, BRUNO	62 NAME	D Santos, Bruno
STREET ADDRESS	800 N. MIAMI AVENUE	63 STREET ADDRESS	21361 N.E. 8 Avenue, Apt. 1
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	North Miami Beach, Fl. 33179

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with my address.

SIGNATURE:

Malcolm Stevens, President

305-545-4333

Date

Daytime Phone #

2/1/96

305-325-0901

CR2E037 (12/95)

ADDITIONAL DIRECTORS

D

Roberts, Alvin
48 N.W. 77 Street #3
Miami, Florida 33150

D

Snell, Roger
920 N.W. 10 Avenue
Miami, Florida 33136

D

Rogers, Elizabeth
331 85 Street #12
Miami Beach, Florida 33141