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FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

1335 NW 14 STREET
SUITE 200
MIAMI FL 33125
US% D/SAIL
1335 NW 14TH ST
MIAMI FL 33125-16473. Date Incorporated or Qualified
08/17/19923a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 1335 N.W. 14 St.

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #200

27 same

City & State

City & State

23 Miami, Fl.

28 same

Zip

Country

Zip

Country

24 33125

25 Dade

29 same

30 same

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 3312581 Name
same82 Street Address (P.O. Box Number is Not Acceptable)
1335 N.W. 14 Street

83 Suite 200

84 City
Miami

FL

85 Zip Code
33125

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

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 ☒ DELETE
NAME STEVENS, MALCOLM
STREET ADDRESS 154 LIBBY LANE
CITY-ST-ZIP THOMASVILLE GA1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME du Pre, Elly
1.3 STREET ADDRESS 601 S.W. 8 Ave.
1.4 CITY-ST-ZIP Miami, FL. 33130TITLE DV ☐ DELETE
NAME BRIDIS, TED
STREET ADDRESS 9785 SW 145TH ST
CITY-ST-ZIP MIAMI FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33176TITLE D ☐ DELETE
NAME CHESTER, TERRI
STREET ADDRESS 750 NW 20TH ST
CITY-ST-ZIP MIAMI FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Chester, Terri
3.3 STREET ADDRESS 10745 S.W. 52 Terr.
3.4 CITY-ST-ZIP Miami, FL. 33165TITLE DS ☐ DELETE
NAME MOSS, MICHAEL
STREET ADDRESS 8601 NW 193RD TER
CITY-ST-ZIP MIAMI LAKES FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33015TITLE DT ☒ DELETE
NAME DU PRE, ELLY
STREET ADDRESS 601 SW 8TH AVE
CITY-ST-ZIP MIAMI FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Rogers, Elizabeth
5.3 STREET ADDRESS 750 N.W. 20 St.,
5.4 CITY-ST-ZIP Miami, FL. 33127TITLE D ☐ DELETE
NAME SANTOS, BRUNO
STREET ADDRESS 21361 NE 8 AVENUE, APT 1
CITY-ST-ZIP NORTH MIAMI BEACH FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33179

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 attachment with an address.

SIGNATURE: *Elly du Pre* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Date

Daytime Phone # 0028291

CR2E037 (9/96)

ADDITIONAL DIRECTORS:

D

Alvin Roberts
48 N.W. 77 Street #3
Miami, Florida 33137

D

Roger Snell
920 N.W. 10 Avenue
Miami, Florida 33176