NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50367

SOUTH FLORIDA ASSOCIATION FOR DISABILITY ADVOCAC Y (SFADA), INC.

Principal Place of Business							
1335 NW 14 STREET							
SUITE 200							
MIAMI FL 33125							
US ·							

2. Principal Place of Business

=5.01 =NE =F =i =r =t =Ave

Mailing Address

SFADA, INC. 1335 NW 14 ST #200 MIAMI FL 33125

2a. Mailing Address

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90116 006 ****61.25

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- Anotied For

3. Date Incorporated or Qualifed

08/17/1992

Suite, Apt.	#, BIG. ·	Suite, Apt. #, etc.			CE 0070E00			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
102		27 102			65-0379532			Applicable
City & Stat	e	City & State			5. Certificate of Status Desired		\$8.75 A	
3 Miam	i. FL	28 Miami, FL					Fee Rec	·
Zip	Country	Zip	Country		6. Election Campaign Financing	п .	\$5.00 ı	•
3313	2 25 US	29 33132 30] បន		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re	gistered A	gent	
			81	Name	ham Machael B			
LANHAM, MICHAEL F.					<u>ham Michael F</u> ddress (P.O. Box Number is Not Acceptat	ole)		
1335 NW 14 STREET				501	NE First Ave.			
SUITE 200	•		83	Sui	te 102			
MIAMI FL		•	84	City			85 Zip C	ode
				Mia	mi	FL	33	1.32
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	named co	proporation submits this statement for the p	urpose of o	nanging its r	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was author	orized by t	he corpora	ation's board of directors. I hereby accept	the appoin	iment as reg	Istered
5	in laminal with, and accept the obligation	no on Goodon on Account horida	. J.W.0100.					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	istered Agent	signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.	· · · · · · ·	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	DT .	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	ENGLAND, NANCY		1.2 NAME	1				
STREET ADDRESS	15060-A SW 29 LN		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33185		1.4 CITY-ST-	- ZIP			•	
TITLE	DV	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	BRIDIS, TED		2.2 NAME					
	9785 SW-145TH-ST		.2.3 STREET	ADDRESS .=				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST	- 1-			مينيد	
TITLE	D	DELETE	3.1 TITLE		D⊋P		Change	☐ Addition
NAME	CHESTER, TERRI	_	3.2 NAME					
STREET ADORESS			3.3 STREET	ADDRESS	15215 5.W. 48 TER	RACE	.'	
	MIAMI FL		3.4. CITY-ST		MIAMI, FL 33185	•		
CITY-ST-ZIP	DS DS	☐ DELETE	4.1 TITLE		D	•	Change	☐ Addition
NAME	MOSS, MICHAEL		4. 2 NAME		υ			_
	1		4.3 STREET	AUDBESS				
STREET ADDRESS			4.4 CITY-ST					
CITY-ST-ZIP	MIAMI LAKES FL	DELETE	5.1 TITLE	-217			[] Change	Addition
TITLE	DP DE EUX	E OFFE	5.1 TITLE 5.2 NAME					
NAME	DU PRE, ELLY		5,3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY-ST					
CITY-ST-ZIP	MIAMI FL	☐ DELETE	6.1 TITLE	· 43F			Change	Addition
TITLE	D	TT DEFE IF		.	•		-1 ongile	
NAME	SANTOS, BRUNO		6.2 NAME					
STREET ADDRESS	21361 NE 8 AVENUE, APT 1		6.3 STREET					
CITY-ST-ZIP	NORTH MIAMI BEACH FL		6.4 CITY-ST				E. a	
14. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption	on stated in	in Section 119.07(3)(i), Florida Statutes. I	turther cert	ity that the in	itormation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that if an accurate and that my director of the corporation or the receiver or frustee 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, with all others in the provided in th

2/8/99 TERRI A. CHESTER 305-324-6076

SOUTH FLORIDA ASSOCIATION FOR DISABILITY ADVOCACY, INC. DS
BELTON, SANDY
1801 N.E. 4 AVENUE
APT. # 204
MIAMI, FLORIDA 33132

D MARKS, DEBBY 733 EAST 57 STREET HIALEAH, FLORIDA 33013

D
WATSON, DARLENE
-7031-LOCH-ISLE DRIVE, SOUTH
MIAMI, FLORIDA 33177

D ROBERTS, ALVIN 47 N.W. 77 STREET, APT#3 MIAMI, FLORIDA 33137

D RILEY, STEVEN 915 N.W. FIRST AVENUE, H-1307 MIAMI, FLORIDA 33136

D SNELL, ROGER 920 N.W. 10 AVENUE MIAMI, FLORIDA 33136