

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90119 027 ****61.25

0026684

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1. Corporation Name

THE BROWARD AUTISM FOUNDATION, INC.

Principal Place of Business

11500 NW 20TH DRIVE
CORAL SPRINGS FL 33071

Mailing Address

11500 NW 20TH DRIVE
CORAL SPRINGS FL 33071



2. Principal Place of Business

21 Center for Independent Living
Suite, Apt. #, etc. of Broward

22 8857 W. McNab Rd.
City & State

23 Tamarac, FL

24 Zip 33321 Country U.S.A.

2a. Mailing Address

26 P.O. Box 450476
Suite, Apt. #, etc.

27 City & State

28 Sunrise, FL

29 Zip 33345 Country U.S.A.

3. Date Incorporated or Qualified

11/05/1992

4. FEI Number

65-0367622

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

9. Name and Address of Current Registered Agent

BECKERMAN, DAVID M.
1200 NORTH FEDERAL HWY
SUITE 320
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PD
NAME BECKERMAN, ANDREA
STREET ADDRESS 11500 NW 20TH DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D
NAME KABOT, SUSAN
STREET ADDRESS 9200 NW 14TH CT.
CITY-ST-ZIP PLANTATION FL

TITLE D
NAME ROTH, EILEEN
STREET ADDRESS 610 NW 103RD AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE T
NAME OSMAN, TERESA
STREET ADDRESS 5125 N.W. 47TH AVENUE
CITY-ST-ZIP COCONUT CREEK FL

TITLE S
NAME JURAN, CATHERINE
STREET ADDRESS 7420 N.W. 51ST
CITY-ST-ZIP LAUDERHILL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME BECKERMAN, ANDREA
1.3 STREET ADDRESS 7920 E. UPPER RIDGE DR.
1.4 CITY-ST-ZIP PARKLAND, FL. 33067

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

ANDREA BECKERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)