

**DOCUMENT # N92000000136**

1. Entity Name

**THE BROWARD AUTISM FOUNDATION, INC.**

Principal Place of Business

CENTER FOR INDEPENDENT LIVING OF BROWARD  
8857 W MCNAB RD  
TAMARAC FL 33321  
US

Mailing Address

PO BOX 450476  
SUNRISE FL 33345-0476  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BECKERMAN, ANDREA  
STREET ADDRESS 7920 E UPPER RIDGE DR  
CITY-ST-ZIP PARKLAND FL 33067 *Director*TITLE D ☐ Delete  
NAME KABOT, SUSAN  
STREET ADDRESS 9200 NW 14TH CT.  
CITY-ST-ZIP PLANTATION FL 33324 *Director*TITLE D ☐ Delete  
NAME ROTH, EILEEN *- 10054 NW 25th*  
STREET ADDRESS 610 NW 103RD AVENUE  
CITY-ST-ZIP PLANTATION FL 33324 *ACTING TREASURER*TITLE T ☒ Delete  
NAME OSMAN, TERESA  
STREET ADDRESS 5125 N.W. 47TH AVENUE  
CITY-ST-ZIP COCONUT CREEK FLTITLE S ☒ Delete  
NAME JURAN, CATHERINE  
STREET ADDRESS 7420 N.W. 51ST  
CITY-ST-ZIP LAUDERHILL FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Delete  
NAME Ruth Singer-Strunk  
STREET ADDRESS 9806 Westwood Drive  
CITY-ST-ZIP Tamarac, FL 33321 *president*TITLE ☒ Change ☐ Delete  
NAME Susan Clayton  
STREET ADDRESS 2411 Deer-creek Rd  
CITY-ST-ZIP Weston, FL 33327 *corresponding secretary*TITLE ☒ Change ☐ Delete  
NAME Pam Shelton  
STREET ADDRESS 245 Lantana Drive  
CITY-ST-ZIP Miami Springs, FL 33166 *recording secretary*

12. 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 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:

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 FEB 23 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0367622

Applied For

Not Applied For

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