

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90007 002 ****61.25

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1. Entity Name

THE BROWARD AUTISM FOUNDATION, INC.



Principal Place of Business

ARC OF BROWARD
10250 NW 53RD ST ROOM 236
SUNRISE FL 33351
US

Mailing Address

PO BOX 450476
SUNRISE FL 33345
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0367622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TD
NAME BECKERMAN, ANDREA *Trustee* ☐ Delete
STREET ADDRESS 7920 E UPPER RIDGE DR
CITY-ST-ZIP PARKLAND FL 33067

TITLE TD
NAME KABOT, SUSAN *Trustee* ☐ Delete
STREET ADDRESS 9200 NW 14TH CT.
CITY-ST-ZIP PLANTATION FL

TITLE TD
NAME ROTH, EILEEN *Trustee* ☐ Delete
STREET ADDRESS P.O. BOX 450476
CITY-ST-ZIP SUNRISE FL 33345

TITLE T
NAME HAUSMAN, FRED ☒ Delete
STREET ADDRESS P.O. BOX 450476
CITY-ST-ZIP SUNRISE FL 33345

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Treasurer* ☒ Change ☐ Addition
NAME Marie Wargin
STREET ADDRESS PO Box 450476
CITY-ST-ZIP Sunrise, FL 33345

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #