

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000136

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE BROWARD AUTISM FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 450476
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 65-0367622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TDT () Delete
Name: BECKERMAN, ANDREA
Address: 7920 E UPPER RIDGE DR
City-St-Zip: PARKLAND, FL 33067

Title: TDT () Delete
Name: KABOT, SUSAN
Address: 9200 NW 14TH CT.
City-St-Zip: PLANTATION, FL

Title: TDT () Delete
Name: ROTH, EILEEN
Address: P.O. BOX 450476
City-St-Zip: SUNRISE, FL 33345

Title: T () Delete
Name: PAZ, LAURA
Address: P.O. BOX 450476
City-St-Zip: SUNRISE, FL 33345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ARNWINE, TIM
Address: P.O. BOX 450476
City-St-Zip: SUNRISE, FL 33345

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM ARNWINE

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date