

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000136

FILED  
Mar 19, 2010  
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  
Name: BECKERMAN, ANDREA  
Address: 7920 E UPPER RIDGE DR  
City-St-Zip: PARKLAND, FL 33067

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

Title: P  
Name: ARNWINE, TIM  
Address: P.O. BOX 450476  
City-St-Zip: SUNRISE, FL 33345

I hereby 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 all other like empowered.

SIGNATURE: TIM ARNWINE

P

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date