

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90045 031 ****70.00

DOCUMENT # N95000001103 1. Entity Name FLORIDA'S VOICE ON MENTAL RETARDATION, INC.					
Principal Place of Business % ARLENE LAKIN, ESQ. 5591 N.E. 28TH AVE. FT. LAUDERDALE, FL 33308			Mailing Address % ARLENE LAKIN, ESQ. 5591 N.E. 28TH AVE. FT. LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0564618	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent LAKIN, ARLENE ESQ. 5591 N.E. 28TH AVE. FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.		\$8.75 Additional Fee Required			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE PD NAME LAKIN, ARLENE ESQ. STREET ADDRESS 5591 NE 28TH AVE CITY-ST-ZIP FT LAUDERDALE, FL 33308		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD NAME PRADO, LAURA STREET ADDRESS 420 Alexandra Circle CITY-ST-ZIP Weston, FL 33326			
TITLE D NAME BLUM, BETTY STREET ADDRESS 19945 NE 10 PL. WAY CITY-ST-ZIP MIAMI, FL 33179		TITLE VD NAME VAN BERGEN, AMY STREET ADDRESS % Down syndrome Assn. 32804 CITY-ST-ZIP 1137 Edgewater DR, Orlando, FL			
TITLE VD NAME ENGELS, LENI STREET ADDRESS 4812 GARFIELD ST. CITY-ST-ZIP HOLLYWOOD, FL 33021		TITLE SD NAME LAKIN, ARLENE STREET ADDRESS 5591 NE 28th Ave CITY-ST-ZIP FT. Lauderdale, FL 33308			
TITLE SD NAME GAINES, ADAH STREET ADDRESS 21 JACARANDA DR, #122 CITY-ST-ZIP PLANTATION, FL 33324		TITLE SD NAME GAINES, ADAH STREET ADDRESS 21 JACARANDA DR. (#122) CITY-ST-ZIP PLANTATION, FL 33324			
TITLE TD NAME PHILLIPS, JODY MRS STREET ADDRESS 581 N.W. 75TH TERR. CITY-ST-ZIP PLANTATION, FL 33317		TITLE TD NAME HINDEN, JOAN STREET ADDRESS 9709 MALVERN DRIVE CITY-ST-ZIP TAMARAC, FL 33321			
TITLE D NAME FINCHUM, TRAVIS STREET ADDRESS 901 Chestnut ST, #B CITY-ST-ZIP Clearwater, FLA. 33756		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Arleen Lakin</i> 1/22/07 954/975-5159 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

See List attached

ATTACHMENT 40007494

N95000001103

**FLORIDA'S VOICE ON MENTAL RETARDATION
BOARD OF DIRECTORS (Oct.2006-Oct. 2008)**

Officers:

President:

Mrs. Laura Prado
420 Alexandra Circle
Weston, Florida 33326
H 954/349-2871; W 954/236-8511; Fax 954/236-5071; Cell 954/817-4742
E-mail: fvmrorg@aol.com; lbprado@bellsouth.net

Vice-President:

Ms. Amy Van Bergen
c/o Down Syndrome Assn. of Central Florida
1137 Edgewater Drive, Suite 101
Orlando, Florida 32804
407/682-3969; Work 407/540-1121; Fax 407/540-1124; Cell 407/619-3862
E-mail: avanbergen@dsacf.org

Secretary (Recording):

Mrs. Adah Gaines
21 Jacaranda Drive, #122
Plantation, Fl. 33324
954/473-2679; Cell 954/552-5140 E-mail: adahgaines@aol.com

Secretary (Corresponding):

Arlene Lakin, Esq.
5591 N.E. 28th Ave.
Ft. Lauderdale, Fl. 33308
954/771-9924; Work 954/975-5159; Fax 954/972-4701; Cell 954/683-8453
E-mail: LakinAdvocate@aol.com

Treasurer:

Mrs. Joan Hinden
9709 Malvern Drive
Tamarac, Florida 33321
954/726-7495; Fax 954/720-8735; Cell 954/937-8621
E-mail: jshinden@comcast.net

Travis Finchum, Esq.

901 Chestnut Street, Suite B
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727/787-4068; Work 727/443-7898; Fax 727/631-0970; Cell 727/501-3082
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Ms. Patti Jarrell

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407/865-9601; Fax 407/386-7771; Cell 407/509-7428

ATTACHMENT

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mjtaylor@cyber-key.com

Annual Report Form Creation

Note: Please make ALL checks payable to the Florida Department of State

NOTICE TO NOT FOR PROFIT CORPORATIONS SOLICITING CONTRIBUTIONS

The Department of Agriculture and Consumer Services, Division of Consumer Services, is now responsible for administering the Solicitation of Contributions Act, chapter 496, Florida Statutes. The Solicitation of Contributions Act requires charitable organizations or sponsors intending to solicit contributions from the public in the State of Florida to annually register with the Division of Consumer Services. Failure to comply with this act is a third degree felony.

For more information, contact the Division of Consumer Services, Department of Agriculture and Consumer Services, P.O. Box 6700, Tallahassee, Florida 32314 or call (850) 488-2221 or (800) 435-7352 (within Florida only) or at www.800helpfla.com.

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