

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90028 019 ****70.00

DOCUMENT # N95000001103					
1. Entity Name FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES, 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 #		3. Mailing Address P.O. Box 24531			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ft. Lauderdale, FLA.			
Zip	Country	Zip	Country	4. FEI Number 65-0564618	
33307		USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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		
			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 _____ 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, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME LAKIN, ARLENE ESQ.		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5591 NE 28TH AVE	CITY-ST-ZIP FT LAUDERDALE, FL 33308			STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME VAN BERGEN, AMY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1137 EDGEWATER DR	CITY-ST-ZIP ORLANDO, FL 32804			STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME LAKIN, ARLENE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5591 NE 28TH AVE.	CITY-ST-ZIP FORT LAUDERDALE, FL 33308			STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME GAINES, ADAH		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21 JACARANDA DR, #122	CITY-ST-ZIP PLANTATION, FL 33324			STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME HINDEN, JOAN		<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9709 MALVERN DR	CITY-ST-ZIP TAMARAC, FL 33321			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME FINCHUM, TRAVIS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 901 CHESTNUT ST., B	CITY-ST-ZIP CLEARWATER, FL 33756			STREET ADDRESS	CITY-ST-ZIP
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>Arlene Lakin</i> ARLENE LAKIN Director/Secy. 1/23/08 (954) 975-5159					

ATTACHMENT

40029554

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FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES BOARD OF DIRECTORS (Oct.2006-Oct. 2008)

Revised November 11, 2007

OFFICERS:

President:

PD

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: fvddorg@aol.com; lbprado@bellsouth.net

Vice-President:

VD

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):

SD

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

Secretary (Corresponding):

SD

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:

TD

Mr. Robert Wessels (as of 2/14/07)
5111 N.E. 17th Avenue
Ft. Lauderdale, Florida 33334
954/491-2180; Work 954/713-1273; Fax 954/491-2215; Cell 954/383-4963
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***** Travis Finchum, Esq.

D

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Mrs. Joan Hinden

D

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Tamarac, Florida 33321
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Allan Ribbler, Ph.D.

D

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Ms. Elysia Watkins

D

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