

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90026 035 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N97000000395**

1. Corporation Name

**BROWARD ALLIANCE FOR INDIVIDUALS WITH DEVELOPMEN  
TAL DISABILITIES, INC.**

Principal Place of Business

10400 GRIFFIN ROAD #206  
COOPER CITY FL 33328

Mailing Address

10400 GRIFFIN ROAD #206  
COOPER CITY FL 33328



2. Principal Place of Business

21 P.O. Box 291804

Suite, Apt. #, etc.

City & State

23 Ft. Lauderdale, FL

Zip

24 33329

Country

25 US

2a. Mailing Address

26 P.O. Box 291804

Suite, Apt. #, etc.

City & State

28 Ft. Lauderdale, FL

Zip

29 33329

Country

30 US

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

~~APPLIED FOR~~ 65-0897555

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROOSA, DAVID A  
165 MADEIRA AVENUE, #7  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Julie Price

82 Street Address (P.O. Box Number is Not Acceptable)

10250 NW 53 Street

83

84 City

Sunrise

FL

85 Zip Code  
33351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/2/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BLUMBERG, MERLE	
STREET ADDRESS	10400 GRIFFIN ROAD	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	WIGAND, BOBBI	
STREET ADDRESS	2104 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROOSA, DAVID A	
STREET ADDRESS	165 MADEIRA AVENUE, #7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, JULIE	
STREET ADDRESS	10250 N.W. 53RD STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEXTER, KATHY	
STREET ADDRESS	33 S.E. 4TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Price, Julie	
1.3 STREET ADDRESS	10250 NW 53 Street	
1.4 CITY-ST-ZIP	Sunrise, FL 33351	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DesJardin, Dennis	
2.3 STREET ADDRESS	851 W. Dania Beach Blvd.	
2.4 CITY-ST-ZIP	Dania, FL 33004	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wigand, Bobbi	
3.3 STREET ADDRESS	2104 W. Commercial Blvd.	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fonseca, Patricia	
4.3 STREET ADDRESS	1001 North East 3rd Avenue	
4.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Murphy, Pat	
5.3 STREET ADDRESS	3117 SW 13 Court	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99  
Date

Daytime Phone #

CR2E037 (11/98)