

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008473

FILED
Mar 23, 2009
Secretary of State

Entity Name: ABILITIES AT COLLEGE PINES, INC.

Current Principal Place of Business:

2735 WHITNEY RD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2735 WHITNEY RD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 22-3849262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, GENE
2735 WHITNEY RD
CLEARWATER, FL 33760 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: DP () Delete
Name: SANDONATO, WILLIAM JR
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: DV () Delete
Name: KREISLE, LORI
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: ST () Delete
Name: NEVILLE, MIKE
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: KLENKE, GUY
Address: 2735 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM SANDONATO JR

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date