

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90001 046 ****61.25

DOCUMENT # N02000002128

1. Entity Name
**NATIONAL NON-PROFIT FOR AMERICANS WITH
DISABILITIES, INC.**



Principal Place of Business
**935 MAIN STREET
D-3
SAFETY HARBOR, FL 34695**

Mailing Address
**901 CHESTNUT STREET
B
CLEARWATER, FL 33756**

54073005



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09152004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-7226084

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POTEET, LARRY R
935 MAIN STREET
D-3
SAFETY HARBOR, FL 34695**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
POTEET, LARRY R
935 MAIN STREET
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Kathy J. Wilder
935 main Street Suite D-3
Safety Harbor, FL 34695** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FINCHUM, TRAVIS
901 CHESTNUT STREET SUITE B
CLEARWATER, FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARLOW, LIZ
670 CLEARWATER
LARGO, FL 33770** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BECKER, JOHN
2875 S OCEAN BLVD #2109
PALM HARBOR, FL 34684** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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:

Larry R. Poteet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/2004 (727) 793-0092

Date

Daytime Phone #