

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 07, 2005
Secretary of State**

DOCUMENT# N04000011223

Entity Name: ABILITIES AT ENGLISH PARK, INC.

Current Principal Place of Business:

2735 WHITNEY ROAD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

2735 WHITNEY ROAD
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 51-0530355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEVILLE, MIKE
2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

THOMAS, GENE VP
2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

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: GENE THOMAS

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDONATO, WILLIAM JR
Address: 2735 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

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

Title: STD () Delete
Name: NEVILLE, MIKE
Address: 2735 WHITNEY ROAD
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 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 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: GUY KLENKE

D

07/07/2005

Electronic Signature of Signing Officer or Director

Date