

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004893 (4)

1. Corporation Name

THE NATIONAL ORGANIZATION ON DISABILITY INC.



Principal Place of Business

Mailing Address

P.O. BOX 6062
HOLLYWOOD HILLS FL 33081

P.O. BOX 6062
HOLLYWOOD HILLS FL 33081

3. Date Incorporated or Qualified 10/06/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0460760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

MUSE, JOSEPH R
2433 NE 27TH TERRACE
FT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name	JAKUBEK, JAMES R.
82 Street Address (P.O. Box Number is Not Acceptable)	4401 W. PARK RD.
83	
84 City	HOLLYWOOD
85 State	FL
86 Zip Code	33021

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)

DATE

Carma R. Jakubek *Jakubek* **2-21-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JAKUBEK, JAMES R.	
STREET ADDRESS	4401 W. PARK RD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	MUSE, JOSEPH	
STREET ADDRESS	2433 NE 27TH TERRACE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHANDLER, WAYNE	
STREET ADDRESS	2621 N. 72ND WAY	
CITY - ST - ZIP	HOLLYWOOD FL 33022	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	VCD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DIANE SCHAUT		
2.3 STREET ADDRESS	5732 TAFT STREET		
2.4 CITY - ST - ZIP	HOLLYWOOD, FL 33021		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James R. Jakubek **2-21-96** **954-985-0319**

CR2E037 (12/95)