

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005200

FILED
May 11, 2006
Secretary of State

Entity Name: FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY, INC.

Current Principal Place of Business:

325 JOHN KNOW RD
BLDG B
TALLAHASSEE, FL 323034151 US

New Principal Place of Business:

325 JOHN KNOX RD
BLDG 400, SUITE 402
TALLAHASSEE, FL 32303 US

Current Mailing Address:

325 JOHN KNOW RD
BLDG B
TALLAHASSEE, FL 323034151 US

New Mailing Address:

325 JOHN KNOX RD
BLDG 400, SUITE 402
TALLAHASSEE, FL 32303 US

FEI Number: 59-3352342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, JANE
325 JOHN KNOX RD
BLDG B
TALLAHASSEE, FL 323034151 US

Name and Address of New Registered Agent:

JOHNSON, JANE
325 JOHN KNOX RD
BLDG 400, SUITE 402
TALLAHASSEE, FL 32303 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:

05/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: OSBORN, SANDRA
Address: 118 NORTHMOOR RD
City-St-Zip: CASSELBERRY, FL 32707

Title: MD () Delete
Name: JOHNSON, JANE
Address: 325 JOHN KNOX RD. BLVD B
City-St-Zip: TALLAHASSEE, FL 32303

Title: CD () Delete
Name: CLAY, KAREN
Address: 502 S FREMONT AVE. APT 409
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MD (X) Change () Addition
Name: JOHNSON, JANE
Address: 325 JOHN KNOX RD, BLVD 400, SUITE 402
City-St-Zip: TALLAHASSEE, FL 32303

Title: CD (X) Change () Addition
Name: SROKA, SANDRA
Address: 601 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the 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: JANE JOHNSON

CED

05/11/2006

Electronic Signature of Signing Officer or Director

Date