

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006057

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: ABILITIES AT FOUNTAIN SQUARE, INC.

**Current Principal Place of Business:**

2735 WHITNEY RD  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

**Current Mailing Address:**

2735 WHITNEY RD  
CLEARWATER, FL 33760 US

**New Mailing Address:**

FEI Number: 59-3317443      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 34620 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: PD ( ) Delete  
Name: SANDONATO, WILLIAM JR  
Address: 2735 WHITNEY RD  
City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete  
Name: KREISLE, LORI  
Address: 5300 10TH AVENUE N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: KLENKE, GUY  
Address: 7065 KAYLOR AVE  
City-St-Zip: COCOA, FL 32927

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

Title: D (X) Delete  
Name: SIMPSON, LORI  
Address: 2735 WHITNEY RD  
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: ST (X) Change ( ) Addition  
Name: NEVILLE, MIKE  
Address: 2735 WHITNEY RD  
City-St-Zip: CLEARWATER, FL 33760

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: LORI KREISLE

VD

03/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date