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**May 06 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N95000001912 (3)

1. Corporation Name

AMERICAN'S DISABILITY FOUNDATION, INC.



Principal Place of Business

Mailing Address

**13300-56 SO. CLEVELAND AVENUE STE 110
FORT MYERS FL 33907**

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FORT MYERS FL 33907**

3. Date Incorporated or Qualified
04/17/1995

3a. Date of Last Report
07/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0576398

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PYLE, LINDA D
13300-56 SO. CLEVELAND AVENUE STE 110
FORT MYERS FL 33907**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

11 TITLE Change Addition

NAME **D
PYLE, LINDA D**
STREET ADDRESS **7601 DELLA DRIVE STE 191**
CITY-ST-ZIP **ORLANDO FL 32819**

12 NAME
1B STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE

21 TITLE Change Addition

NAME **D
WOLFSTONE, KENNETH D**
STREET ADDRESS **7601 DELLA DRIVE STE 191**
CITY-ST-ZIP **ORLANDO FL 32819**

22 NAME
2B STREET ADDRESS
2 4 CITY-ST-ZIP

TITLE DELETE

31 TITLE Change Addition

NAME **D
ANDROPULOS, NICHOLAS**
STREET ADDRESS **7601 DELLA DRIVE STE 191**
CITY-ST-ZIP **ORLANDO FL 32819**

32 NAME
3B STREET ADDRESS
3 4 CITY-ST-ZIP

TITLE DELETE

41 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
4B STREET ADDRESS
4 4 CITY-ST-ZIP

TITLE DELETE

51 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
5B STREET ADDRESS
5 4 CITY-ST-ZIP

TITLE DELETE

61 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
6B STREET ADDRESS
6 4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)