

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Mar 27 1998 8:00am
Secretary of State

DOCUMENT # N95000001912 (3)

1. Corporation Name

AMERICAN'S DISABILITY FOUNDATION, INC.



Principal Place of Business 13300-56 SO. CLEVELAND AVENUE STE 110 FORT MYERS FL 33907	Mailing Address 13300-56 SO. CLEVELAND AVENUE STE 110 FORT MYERS FL 33907
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3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

65-0576398

Applied For

- Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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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)

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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

Linda D Pyle
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PYLE, LINDA D	
STREET ADDRESS	7601 DELLA DRIVE STE 191	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFSTONE, KENNETH D	
STREET ADDRESS	7601 DELLA DRIVE STE 191	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDROPULOS, NICHOLAS	
STREET ADDRESS	7601 DELLA DRIVE STE 191	
CITY-ST-ZIP	ORLANDO FL 32819	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wolfstone, Kenneth D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

Linda D Pyle REQUIRED

3-14-98 (941)990-0005

CR2E037 (1097)