

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2016
Secretary of State
CC3305024336**Entity Name:** NATIONAL NON-PROFIT FOR AMERICANS WITH DISABILITIES, INC.**Current Principal Place of Business:**901 CHESTNUT STREET
SUITE C
CLEARWATER, FL 33756**Current Mailing Address:**901 CHESTNUT STREET
SUITE C
CLEARWATER, FL 33756 US**FEI Number:** 04-3625771**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MICHAEL J FAEHNER ESQ
600 BYPASS DRIVE STE 100
CLEARWATER, FL 33764 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	FINCHUM, TRAVIS D.
Address	901 CHESTNUT STREET SUITE C
City-State-Zip:	CLEARWATER FL 33756

Title	DTS
Name	RUIZ, JENNIFER
Address	901 CHESTNUT STREET SUITE C
City-State-Zip:	CLEARWATER FL 33756

Title	D V
Name	LONG, KOLE J
Address	901 CHESTNUT STREET SUITE C
City-State-Zip:	CLEARWATER FL 33756

Title	D
Name	GONNELLI, ASHLEY
Address	901 CHESTNUT STREET SUITE C
City-State-Zip:	CLEARWATER FL 33756

I hereby 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 all other like empowered.

SIGNATURE: TRAVIS FINCHUM**PRESIDENT****03/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date