

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06132

Entity Name: AFIRE SERVING PERSONS WITH DEVELOPMENT
DISABILITIES, INC.**Current Principal Place of Business:**2050 CORONET LANE
CLEARWATER, FL 33764**Current Mailing Address:**P. O. BOX 6635
CLEARWATER, FL 33758 US**FEI Number: 59-2466322****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CROW LAWRENCE D.
1266 SO PINELLAS AVE.
TARPON SPRINGS, FL 34689 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	VP/D
Name	CULBERTSON, CAROL
Address	1623 FLAGSTONE COURT
City-State-Zip:	CLEARWATER FL 33756

Title	S/D
Name	DESLANDES, CHRISTINE
Address	6068 - 3RD AVE N
City-State-Zip:	ST PETERSBURG FL 33710

Title	P/D
Name	SIMMONS, NANCY
Address	2050 CORONET LANE
City-State-Zip:	CLEARWATER FL 33764

Title	TREASURER
Name	TUOMEY, WILLIAM
Address	2790 COUNTRYSIDE BL 2
City-State-Zip:	CLEARWATER FL 33761

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: WILLIAM TUOMEY**TREASURER****06/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date