

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000000447

Entity Name: DISABILITY ADVOCATES OF NORTH FLORIDA, INC.

Current Principal Place of Business:

1018 THOMASVILLE RD
SUITE 103-C
TALLAHASSEE, FL 32303

Current Mailing Address:

1018 THOMASVILLE RD
SUITE 103-C
TALLAHASSEE, FL 32303 US

FEI Number: 46-1630695

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LITTLE, LEANNE J
1018 THOMASVILLE RD
SUITE 103-C
TALLAHASSEE, FL 32303 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 RECEIVER
Name DISABILITY ADVOCATES OF NORT
FLORIDA, INC.
Address 1018 THOMASVILLE RD
SUITE 103-C
City-State-Zip: TALLAHASSEE FL 32303

Title CFOD
Name LITTLE, LEANNE J.
Address 1018 THOMASVILLE RD
SUITE 103-C
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER
Name THOMAS, LEVY JR
Address 1018 THOMASVILLE RD
SUITE 103-C
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY
Name JOAQUIN, ANBER A-
Address 1018 THOMASVILLE RD
SUITE 103-C
City-State-Zip: TALLAHASSEE FL 32303

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: LEANNE J. LITTLE

REGISTERED AGENT

01/03/2013

Electronic Signature of Signing Officer/Director Detail Date