

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007114

**Entity Name:** THISABILITY FLORIDA, INC.

**Current Principal Place of Business:**

3550 ESPLANADE WAY  
12108  
TALLAHASSEE, FL 32311

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC3271751117**

**Current Mailing Address:**

3550 ESPLANADE WAY  
12108  
TALLAHASSEE, FL 32311 US

**FEI Number: 81-3388025**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SIMMONS, IMMANUEL  
4031 NW BETHEL ROAD  
BRISTOL, FL 32321 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            PRES  
Name            DAWKINS-MILLER, WILLIE  
Address        3550 ESPLANADE WAY SUITE 12108  
City-State-Zip: TALLAHASSEE FL 32311

Title            VP  
Name            SIMMONS, IMMANUEL  
Address        4031 NW BETHEL ROAD  
City-State-Zip: BRISTOL FL 32321

Title            SECR  
Name            ELIAS, IRENE D  
Address        710 S. LOVE STREET  
City-State-Zip: QUINCY FL 32351

Title            OFFICER  
Name            RAVEN S MCMILLAN  
Address        3550 ESPLANADE WAY  
                  12108  
City-State-Zip: TALLAHASSEE FL 32311-3757

*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: IMMANUEL SIMMONS**

**CFO**

**01/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date