

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38791

Entity Name: DISABILITY ADVOCACY AND ACCESS NETWORK, INC.

Current Principal Place of Business:

1440 CORAL RIDGE DRIVE
#415
CORAL SPRINGS, FL 33071-5433

Current Mailing Address:

1440 CORAL RIDGE DRIVE
#415
CORAL SPRINGS, FL 33071-5433 US

FEI Number: 65-0224680

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COHEN, ROBERT
1891 NW 114 AVENUE
CORAL SPRINGS, FL 33067 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 CD
Name COHEN, ROBERT
Address 1440 CORAL RIDGE DRIVE #415
City-State-Zip: CORAL SPRINGS FL 33071-5433

Title DV
Name MEARS, JIM
Address 1440 CORAL RIDGE DRIVE #415
City-State-Zip: CORAL SPRINGS FL 33071-5433

Title D
Name KENNEDY, PATRICIA L
Address 1440 CORAL RIDGE DRIVE #415
City-State-Zip: CORAL SPRINGS FL 33071-5433

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: PATRICIA L. KENNEDY

SECRETARY TREASURER 01/20/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date