

**2014 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

Title D  
Name EASTON, SMYTHE  
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-TRESURER** 01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date