

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38791

**Entity Name:** DISABILITY ADVOCACY AND ACCESS NETWORK, INC.

**Current Principal Place of Business:**

9205 NW 80TH STREET  
TAMARAC, FL 33321-1404

**Current Mailing Address:**

9205 NW 80TH STREET  
TAMARAC, FL 33321-1404 US

**FEI Number:** 65-0224680

**Certificate of Status Desired:** Yes

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

KENNEDY, PATRICIA L  
9205 NW 80TH STREET  
TAMARAC, FL 33321-1404 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            PRESIDENT  
Name            HAYNES, DENNIS  
Address        9205 NW 80TH STREET  
City-State-Zip: TAMARAC FL 33321-1404

Title            SECRETARY  
Name            KENNEDY, PATRICIA L  
Address        9205 NW 80TH STREET  
City-State-Zip: TAMARAC FL 33321-1404

Title            ASST. TREASURER  
Name            HALEY, BARBARA  
Address        9205 NW 80TH STREET  
City-State-Zip: TAMARAC FL 33321-1404

Title            DIRECTOR  
Name            FIELDS, SARI  
Address        9205 NW 80TH STREET  
City-State-Zip: TAMARAC FL 33321-1404

*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**

**01/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date