

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90046 032 ****70.00

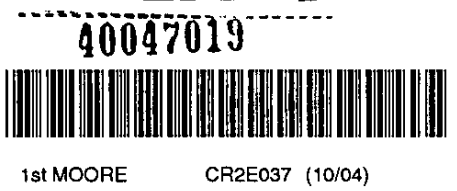
DOCUMENT # 725758
 1. Entity Name
THE ASSOCIATION FOR DEVELOPMENT OF THE EXCEPTIONAL INCORPORATED

Principal Place of Business: 2801 N MIAMI AVE, MIAMI FL 33127 US
 Mailing Address: 2801 N MIAMI AVE, MIAMI FL 33127 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____



4. FEI Number: **59-1715840** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
DELMONTE, HELENA
 2801 N MIAMI AVE
 MIAMI FL 33127

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: ALONSO-POCH, MANUEL STREET ADDRESS: 2100 PONCE DE LEON BLVD. CITY-ST-ZIP: MIAMI FL 33134	<input type="checkbox"/> Delete	TITLE: Executive Director NAME: Del Monte, Helena STREET ADDRESS: 2801 N Miami Ave CITY-ST-ZIP: Miami, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVP NAME: LEWIS, CLIFTON STREET ADDRESS: 8855 SW 50 TERRACE CITY-ST-ZIP: MIAMI FL 33165	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: RAMIREZ, JOSIE STREET ADDRESS: 1200 S. ALHAMBRA CIRCLE CITY-ST-ZIP: CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PERRY, WILLIAM STREET ADDRESS: 9822 NE 2ND AVE CITY-ST-ZIP: MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SHEA, SEAN STREET ADDRESS: 801 ARTHUR GODFREY RD., #660 CITY-ST-ZIP: MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BARROS, PIEDAD STREET ADDRESS: 2800 PONCE DE LEON BLVD CITY-ST-ZIP: MIAMI FL 33146	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helena Del Monte, Exec. Dir.* 3-23-05 305-573-3737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #