

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90468 032 ****70.00

DOCUMENT # 767263

1. Entity Name
NATIONAL DISABILITY RIGHTS NETWORK, INC.



Principal Place of Business
900 SECOND ST NE STE 211
WASHINGTON, DC 20002

Mailing Address
900 SECOND ST NE STE 211
WASHINGTON, DC 20002

60045199



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2333653

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTON, GARY
C/O ACPWD, INC
2671 EXEC. CTR. CIRCLE W., STE 100
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 D ☒ Delete
NAME FITZGERLAD, MAUREEN
STREET ADDRESS 100 FAIR OAKS LANE 3RD FLOOR
CITY-ST-ZIP FRANKFORT, KY 40601

TITLE BOD ☐ Change ☒ Addition
NAME Michael Bailey
STREET ADDRESS 4265 NE Halsley #817
CITY-ST-ZIP Portland OR 97213

TITLE D ☐ Delete
NAME FRANKS-ONGOY, BERNADETTE
STREET ADDRESS 400 NORTH PARK, 2ND FLOOR
CITY-ST-ZIP HELENA, MT 59624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPBD ☐ Delete
NAME JAKOBSON, MARGARET
STREET ADDRESS 1111 SIXTH AVE., STE 200
CITY-ST-ZIP SAN DIEGO, CA 92101

TITLE ☒ Change ☐ Addition
NAME Margaret Jakobson Johnson
STREET ADDRESS 1029 J St
CITY-ST-ZIP Sacramento CA 95814 #150

TITLE SD ☒ Delete
NAME BROWN, JANE
STREET ADDRESS 220 I ST. NE, STE 130
CITY-ST-ZIP WASHINGTON, DC 20002

TITLE ☐ Change ☒ Addition
NAME Gloria Prevost
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☐ Delete
NAME DECKER, CURTIS L.
STREET ADDRESS 900 SECOND ST NE #211
CITY-ST-ZIP WASHINGTON, DC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PBOD ☐ Delete
NAME BREEDLOVE, LYNN
STREET ADDRESS 16 N CARROLL ST STE 400
CITY-ST-ZIP MADISON, WI 53703

TITLE ☒ Change ☐ Addition
NAME Breedlove, Lynn
STREET ADDRESS 131 W. Wilson St #700
CITY-ST-ZIP Madison WI 53703

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/07 9164970331