

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767263

FILED
Jan 20, 2010
Secretary of State

Entity Name: NATIONAL DISABILITY RIGHTS NETWORK, INC.

Current Principal Place of Business:

900 SECOND ST NE STE 211
WASHINGTON, DC 20002

New Principal Place of Business:

Current Mailing Address:

900 SECOND ST NE STE 211
WASHINGTON, DC 20002

New Mailing Address:

FEI Number: 59-2333653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADVOCACY CENTER FOR PWD
2728 CENTERVIEW DRIVE
SUITE 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: BAILEY, MICHAEL
Address: 4265 NE HALSEY #817
City-St-Zip: PORTLAND, OR 97213

Title: D
Name: FAITHFULL, MARY
Address: 7800 SHOAL CREEK BLVD., #171-E
City-St-Zip: AUSTIN, TX 78757

Title: SD
Name: PREVOST, GLORIA
Address: 3710 LANDMARK DRIVE, #208
City-St-Zip: COLUMBIA, SC 29204

Title: M
Name: DECKER, CURTIS L.
Address: 900 SECOND ST NE #211
City-St-Zip: WASHINGTON, DC

Title: TD
Name: SHEA, SHIRLEY
Address: 2416 21ST AVENUE SOUTH #100
City-St-Zip: NASHVILLE, TN 37212

Title: PD
Name: MILLER, COLLEEN
Address: 1910 BYRD AVENUE, #5
City-St-Zip: RICHMOND, VA 23230

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: COLLEEN MILLER

PRES

01/20/2010

Electronic Signature of Signing Officer or Director

Date