

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 768630

1. Entity Name
ABILITIES REHABILITATION CENTER FOUNDATION, INC.



Principal Place of Business
2735 WHITNEY RD
CLEARWATER, FL 33760 US

Mailing Address
2735 WHITNEY RD
CLEARWATER, FL 33760 US



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2293228

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GENE
2735 WHITNEY RD
CLEARWATER, FL 33760

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE C
NAME WINNING, RICHARD B
STREET ADDRESS 935 42ND AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE T
NAME SACHS, HOWARD
STREET ADDRESS 2224 CYPRESS HALLOW CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE P
NAME DELUCIA, FRANK
STREET ADDRESS 6429 28TH TERRACE N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE TD
NAME ROBERTS, ALBERT III
STREET ADDRESS 1045 40TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE S
NAME LOCASCIO, GEORGE
STREET ADDRESS 1400 MONTICELLO BLVD
CITY-ST-ZIP SAINT PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000589290
01/18/07-80010-010 70.00

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IN THIS SPACE**

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

1/8/07 (727) 538-7370
Date Daytime Phone #