

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768630

FILED
Mar 23, 2009
Secretary of State

Entity Name: ABILITIES REHABILITATION CENTER FOUNDATION, INC.

Current Principal Place of Business:

2735 WHITNEY RD
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

2735 WHITNEY RD
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-2293228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, GENE
2735 WHITNEY RD
CLEARWATER, FL 33760 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: C () Delete
Name: WINNING, RICHARD B
Address: 935 42ND AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T () Delete
Name: SACHS, HOWARD
Address: 2224 CYPRESS HALLOW CT
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P () Delete
Name: DELUCIA, FRANK
Address: 6429 28TH TERRACE N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: TD (X) Delete
Name: ROBERTS, ALBERT III
Address: 1045 40TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: S () Delete
Name: LOCASCIO, GEORGE
Address: 1400 MONTICELLO BLVD
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK DELUCIA

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date