

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768630

FILED
Jan 31, 2012
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
Name: WINNING, RICHARD B
Address: 935 42ND AVE N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VC
Name: BRYNE, JOHN B
Address: 9425 BLIND PASS RD #406
City-St-Zip: ST. PETERSBURG, FL 33706

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

Title: T
Name: SACHS, HOWARD M
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: S
Name: HOLLINGSWORTH, GLORIA
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: D
Name: RUBIN, LESLIE A
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

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: GENE THOMAS

VP

01/31/2012

Electronic Signature of Signing Officer or Director

Date