

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768894

FILED
Apr 29, 2004
Secretary of State

Entity Name: FOUNDATION FOR THE DEVELOPMENTALLY DISABLED, INC

Current Principal Place of Business:

P.O. BOX 7051
NAPLES, FL 341017051 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7051
NAPLES, FL 341017051 US

New Mailing Address:

FEI Number: 59-2516162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASVODA, JEAN
1919 E CROWN POINTE BLVD
NAPLES, FL 34112 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: PD () Delete
Name: GASVODA, JEAN
Address: 1919 E CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: KLEIN, RICHARD K
Address: 190 CENTER ST
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: MCKEE, WENDY
Address: 1999 4TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SNYDER, RICHARD
Address: 3131 RIVIERA DR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: MCEWEN, CHRIS
Address: 191 SOCIETY CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: VD () Delete
Name: MARKS, HARVEY
Address: 5385 GUADELUPE WAY
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: LELONEK, ART
Address: 10001 TAMIAMI TRAIL N
City-St-Zip: NAPLES, FL 34108

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 for the exemption stated in Section 119.07(3)(i), 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: RICHARD K KLEIN

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date