
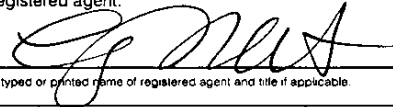



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90123 006 ****61.25

DOCUMENT # 768894 1. Entity Name FOUNDATION FOR THE DEVELOPMENTALLY DISABLED, INC					
Principal Place of Business P O BOX 110926 NAPLES, FL 34108 US			Mailing Address P O BOX 110926 NAPLES, FL 34108 US		
2. Principal Place of Business - No P.O. Box # 5621 Strand Blvd.		3. Mailing Address 5621 Strand Blvd.			
Suite, Apt. #, etc. Suite #309		Suite, Apt. #, etc. Suite #309			
City & State Naples, FL		City & State Naples, FL			
Zip 34110	Country USA	Zip 34110	Country USA	4. FEI Number 59-2516162	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANCOT, ANGELA M 5515 BRYSON DRIVE STE 502 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Angela M. Lancot Street Address (P.O. Box Number is Not Acceptable) 5621 Strand Blvd., Suite #309 City Naples FL Zip Code 34110		
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:  Angela M. Lancot 7/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, BECKY 1246 SWEETWATER LANE #1603 NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANCOT, ANGELA 814 105TH AVE N NAPLES, FL 34108	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELONEK, ART 7024 PELICAN BAY #501 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEVILLE, ED 815 GULF PAVILLION DR #106 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOLFINGER, BARBARA 815 GULF PAVILLION DR #106 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEAVER, CYNTHIA 260 SOUTH BAY #102 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Neville, Ed 9712 Whitehall St. Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Neville, Barbara 9712 Whitehall St. Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Byers, Daniel 675 96th Ave. N. Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karp, Arnold 2326 Cheshire Lane Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 another like empowered.					
SIGNATURE: 		7-11-07		239-594-9007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT
40125145

Additional Directors for 2007 Annual Report

DOCUMENT # 768894

1. Entity Name

FOUNDATION FOR THE DEVELOPMENTALLY
DISABLED, INC



TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Denton, Pat 7872 Gardner Dr. Naples, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Morse, Josephine 735 Southern Pines Dr. Naples, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lelonek, Art 7024 Pelican Bay, #501 Naples, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Pukin, Carl 6716 Little John, #25 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition