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 # 7688	94
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1. Entity Name

FOUNDATION FOR THE DEVELOPMENTALLY DISABLED, INC



DIOADEL	D, 1140					EES!					
Principal Place P O BOX 110 NAPLES, FL	926		Mailing Address P 0 80X 110926 NAPLES, FL 34108	US	-		4 U	Inda			
	lace of Business - No Strand Blvd		3. Mailing Address 5621 Strand B	2lvd							
Suite, Apt.	#, etc.	i.	Suite, Apt. #, etc.	Jivu.			07032007	Chg-NP	CR2E0	37 (12/06)	
Suite City & State			Suite #309 City & State				4. FEI Number		0,220	· · · · ·	plied For
Naples			Naples, FL	Cour			59-2516	162		No	Applicable
^{Zip} 341	110 Cour	"Y USA	^{Zip} 34110	Cour	"Y US	Α	5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Add	Iress of Current Re	egistered Agent		Name ,			ddress of New	Registered	Agent	
	ANGELA M					<u>_</u> _	la M. Lar				
5515 BRYS	SON DRIVE STE FL 34109	502			Street Add	dress (P.	O. Box Number	is Not Acceptat	ole)		
/ <u></u> ,						21 S	trand Bl	vd., Suit	e #309)	
				į	City N	laple	S		FL	Zip Code	34110
	named entity submits ions of registered age		he purpose of changing its	registere	d office or r	registered	d agent, or both	, in the State of I	Florida. I am	familiar with,	and accept
ino obligat			a. A						7/-/		
SIGNATURE		<i>f UU</i>			ela M.				7/3/	07	
	Signature, typed or printed r	ame of registered agent and	d title if applicable. (NO)	E: Registered	Agent signature	e required w	hen reinstating)		DATE		
Di	Filing Fee is \$6 ue by Septembe		9. Election Car Trust Fund (5.00 May Be added to Fees			k payable to rtment of St	1
D i	ue by Septembe		Trust Fund (Contributio	on. C	م لـ	dded to Fees		orida Depa	rtment of St	10
10.	ue by Septembe	er 14, 2007	Trust Fund (11.	on. C	م لـ	dded to Fees	Fi	orida Depa	rtment of St	ate
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10. TITLE NAME	PD . STARK, BECKY 1246 SWEETWA' NAPLES, FL 341	OF 14, 2007 FFICERS AND DIRE TER LANE #1603	Trust Fund (CTORS	11. TITLE NAME STREE	on. [م لـ	dded to Fees	Fi	orida Depa	rtment of St	10
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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 | SIGNATURE | SIGNATURE | Date | Daytime Phone #

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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	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morse, Josephine 735 Southern Pines Dr. Naples, FL 34103	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lelonek, Art 7024 Pelican Bay, #501 Naples, FL 34108	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pukin, Carl 6716 Little John, #25 Bonita Springs, FL 34135	Change	Addition