


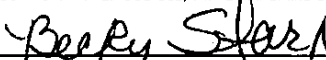


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

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<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # 768894</b> 1. Entity Name <b>FOUNDATION FOR THE DEVELOPMENTALLY DISABLED, INC</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>5621 STRAND BLVD SUITE #309 NAPLES, FL 34110 US</b></div><div>Mailing Address <b>5621 STRAND BLVD SUITE #309 NAPLES, FL 34110 US</b></div></div>				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">b0003007</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"><span>03292008</span><span>Chg-NP</span><span>CR2E037 (12/06)</span></div>																			
<div style="display: flex;"><div style="flex: 1;">2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City &amp; State  ZipCountry</div><div style="flex: 1;">3. Mailing Address  Suite, Apt. #, etc.  City &amp; State  ZipCountry</div></div>		<div style="display: flex; justify-content: space-between;"><div>4. FEI Number <b>59-2516162</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></div>																					
6. Name and Address of Current Registered Agent  <b>LANCTOT, ANGELA M 5621 STRAND BLVD STE #309 NAPLES, FL 34110</b>		7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"><div>Name  Street Address (P.O. Box Number is Not Acceptable)  City</div><div>FLZip Code</div></div>																					
<div>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.</div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div style="text-align: right;">3/29/08 <small>DATE</small></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Filing Fee is \$61.25 Due by May 1, 2008</b></div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></div><div><b>Make check payable to Florida Department of State</b></div></div>																							
<div style="display: flex;"><div style="flex: 1;"><b>10. OFFICERS AND DIRECTORS</b><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width: 80%;">PD STARK, BECKY 1246 SWEETWATER LANE #1603 NAPLES, FL 34110 <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>VPD LANCTOT, ANGELA 814 105TH AVE N NAPLES, FL 34108 <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D BYERS, DANIEL 675 96TH AVE N. NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>TD NEVILLE, ED 9712 WHITEHALL ST NAPLES, FL 34109 <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>SD NEVILLE, BARBARA 9712 WHITEHALL ST NAPLES, FL 34108 <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D KARP, ARNOLD 2326 CHESHIRE LANE NAPLES, FL 34109 <input type="checkbox"/> Delete</td></tr></table></div><div style="flex: 1;"><b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width: 80%;">VPD LANCTOT, ANGELA 1100 Fifth Ave. S., Suite 201 Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D MANCINI, C. RICHARD 1031 17th St. SW Naples, FL 34117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table></div></div>				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 LANCTOT, ANGELA 814 105TH AVE N NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYERS, DANIEL 675 96TH AVE N. 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEVILLE, BARBARA 9712 WHITEHALL ST NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARP, ARNOLD 2326 CHESHIRE LANE NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LANCTOT, ANGELA 1100 Fifth Ave. S., Suite 201 Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANCINI, C. RICHARD 1031 17th St. SW Naples, FL 34117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<div>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.</div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;">3-30-08 <small>Date</small></div></div>																							

# ATTACHMENT

60033697

Additional Directors for 2008 Annual Report

**DOCUMENT # 768894**

1. Entity Name

FOUNDATION FOR THE DEVELOPMENTALLY  
DISABLED, INC



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENTON, PAT 7872 Gardner Drive Naples, FL 34109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, ANNE 9795 Winchester Wood Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition