

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768894

FILED
Mar 20, 2012
Secretary of State

Entity Name: FOUNDATION FOR THE DEVELOPMENTALLY DISABLED, INC

Current Principal Place of Business:

5621 STRAND BLVD.
SUITE 206
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

5621 STRAND BLVD.
SUITE 206
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-2516162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANCINI, C. RICHARD
1031 17TH STREET SW
NAPLES, FL 34117 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: PRES
Name: MANCINI, C. RICHARD
Address: 1031 17TH STREET SW
City-St-Zip: NAPLES, FL 34117 US

Title: VP
Name: MACCHIA, JOHN
Address: 128 FLAMINGO AVENUE
City-St-Zip: NAPLES, FL 34108

Title: VP
Name: MIDDLETON, ANNE
Address: 9795 WINCHESTER WOOD
City-St-Zip: NAPLES, FL 34109

Title: SECY
Name: GILDAY, KATHY
Address: 2415 BAYOU LANE, #1
City-St-Zip: NAPLES, FL 34112

Title: TRS
Name: NEVILLE, ED
Address: 9712 WHITEHALL STREET
City-St-Zip: NAPLES, FL 34109

Title: DIR
Name: CARUSO, COLE
Address: P.O. BOX 949
City-St-Zip: ESTERO, FL 33929

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: C. RICHARD MANCINI

PRES

03/20/2012

Electronic Signature of Signing Officer or Director

Date