

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004531

Entity Name: ADVOCATING DISABILITY RIGHTS, INC.

FILED
Aug 06, 2004
Secretary of State

Current Principal Place of Business:

815 MIDDLE RIVER DRIVE UNIT 108
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

815 MIDDLE RIVER DRIVE UNIT 108
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOXON, GEORGE L ESQ
718 NE 2ND AVENUE
FORT LAUDERDALE, FL 33304 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: D () Delete
Name: WILSON, CARLISLE E
Address: 815 MIDDLE RIVER DRIVE UNIT 108
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: WILSON, CATHERINE E
Address: 815 MIDDLE RIVER DRIVE UNIT 108
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: MOXON, GEORGE L ESQ
Address: 718 NE 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARLISLE WILSON

D

08/06/2004

Electronic Signature of Signing Officer or Director

Date