

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000385

FILED  
Feb 01, 2009  
Secretary of State

Entity Name: ACCESS FOR THE DISABLED, INC.

## Current Principal Place of Business:

1440 CORAL RIDGE DR.  
#415  
CORAL SPRINGS, FL 330715433

## New Principal Place of Business:

## Current Mailing Address:

1440 CORAL RIDGE DR.  
#415  
CORAL SPRINGS, FL 330715433

## New Mailing Address:

FEI Number: 52-2310661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, ROBERT  
1440 CORAL RIDGE DRIVE  
#415  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

COHEN, ROBERT  
1891 NW 114 AVENUE  
CORAL SPRINGS, FL 33067 US

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:

02/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: COHEN, ROBERT  
Address: 1440 CORAL RIDGE DRIVE #415  
City-St-Zip: CORAL SPRINGS, FL 330715433 US

Title: D ( ) Delete  
Name: KENNEDY, PATRICIA  
Address: 1440 CORAL RIDGE DRIVE #415  
City-St-Zip: CORAL SPRINGS, FL 330715433

Title: D ( ) Delete  
Name: MEARS, JIM  
Address: 1440 CORAL RIDGE DRIVE #415  
City-St-Zip: CORAL SPRINGS, FL 330715433 US

## 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 exemption stated 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 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: PATRICIA L. KENNEDY

D

02/01/2009

Electronic Signature of Signing Officer or Director

Date