2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# N01000000629

Entity Name: ARCHER DISABILITY FOUNDATION INC.

Current Principal Place of Business:

398 MOHAWK LANE
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

398 MOHAWK LANE
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 37-6567502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCHER, ROSE L
398 MOHAWK LANE
BOCA RATON, FL 33487 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:	DPT	( ) Delete
Name:	ARCHER, ROSE L	
Address:	398 MOHAWK LANE	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	D	(X) Delete
Name:	WANIO, C PAUL	
Address:	7301 W PALMETTO PARK RD STE 110-C	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	VP	( ) Delete
Name:	RAMAZIO, MERI	
Address:	120 EAST PALMETTO PARK ROAD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	PETERS, NANCY	
Address:	12370 HWY. ALT A1A, UNIT M-3	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	ARCHER, ROSE LEE M	
Address:	398 MOHAWK LANE	
City-St-Zip:	BOCA RATON, FL 33487	
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 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: ROSE LEE ARCHER P 03/23/2007

Electronic Signature of Signing Officer or Director — Date