

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000629

FILED
Apr 09, 2009
Secretary of State

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: 65-1082323

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:

ARCHER, ROSE LEE M M.S.
398 MOHAWK LANE
BOCA RATON, FL 33487 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: ROSE LEE ARCHER, M.S.

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARCHER, ROSE LEE M
Address: 398 MOHAWK LANE
City-St-Zip: BOCA RATON, FL 33487

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

Title: D () Delete
Name: ST. PIERRE EVERS, NICOLE
Address: 582 JUNIPER PLACE
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RAMAZIO, MERI
Address: 2000 PGA BLVD SUITE# 4400
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D (X) Change () Addition
Name: JONES, MARYELLEN
Address: 1274 SW 16TH AVENUE
City-St-Zip: BOCA RATON, FL 33410

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: ROSE LEE ARCHER M.S.

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date