

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000629

FILED
May 12, 2010
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: ARCHER, PAT ROBERT
Address: 398 MOHAWK LANE
City-St-Zip: BOCA RATON, FL 33487 US

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: ROSE LEE ARCHER

PRES

05/12/2010

Electronic Signature of Signing Officer or Director

Date