

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000820**

1. Entity Name

**NATIONAL INSTITUTE FOR PEOPLE WITH  
DISABILITIES OF FLORIDA, INC.**



Principal Place of Business

**2403 ANTIGUA CIRCLE  
STE E-1  
COCONUT CREEK FL 33066**

Mailing Address

**2403 ANTIGUA CIRCLE  
STE E-1  
COCONUT CREEK FL 33066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**22-3792586**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COHEN, EDITH  
2403 ANTIGUA CIRCLE STE E-1  
COCONUT CREEK FL 33066** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DE VOS, HERBERT  
2403 ANTIGUA CIRCLE STE E-1  
COCONUT CREEK FL 33066** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
FANTEL, GLORIA  
2403 ANTIGUA CIRCLE STE E-1  
COCONUT CREEK FL 33066** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVITZ, DR. PAUL  
2403 ANTIGUA CIRCLE STE E-1  
COCONUT CREEK FL 33066** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LINDENBERG, BENNO  
2403 ANTIGUA CIRCLE STE E-1  
COCONUT CREEK FL 33066** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GORDON, IRIS  
2403 ANTIGUA CIRCLE STE E-1  
COCONUT CREEK FL 33066** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**U000000063545  
02/23/04-80165-024 61.25** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Hubert De Vos - DIRECTOR  
CHAIRMAN**

**2/9/2004**

**(954) 978-  
6524**