# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 11, 2005 8:00 am**
**Secretary of State**
02-11-2005 90055 039 ****61.25

DOCUMENT # N01000000820

1. Entity Name
NATIONAL INSTITUTE FOR PEOPLE WITH DISABILITIES OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2403 ANTIGUA CIRCLE<br>STE E-1<br>COCONUT CREEK, FL 33066 | 2403 ANTIGUA CIRCLE<br>STE E-1<br>COCONUT CREEK, FL 33066 |

50014413

02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | T |
| NAME | COHEN, EDITH |
| STREET ADDRESS | 2403 ANTIGUA CIRCLE STE E-1 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |
| TITLE | D |
| NAME | DE VOS, HERBERT |
| STREET ADDRESS | 2403 ANTIGUA CIRCLE STE E-1 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |
| TITLE | T |
| NAME | ~~FANTEL, GLORIA~~ COHN, ROBIN |
| STREET ADDRESS | 2403 ANTIGUA CIRCLE STE E-1 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |
| TITLE | D |
| NAME | LEVITZ, DR. PAUL |
| STREET ADDRESS | 2403 ANTIGUA CIRCLE STE E-1 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |
| TITLE | T |
| NAME | LINDENBERG, BENNO |
| STREET ADDRESS | 2403 ANTIGUA CIRCLE STE E-1 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |
| TITLE | T |
| NAME | GORDON, IRIS |
| STREET ADDRESS | 2403 ANTIGUA CIRCLE STE E-1 |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Herbert DeVos DIRECTOR & CHAIRMAN 2/3/2005 (954) 978-6524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #