2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N01000000820

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 22-3792586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: T ( ) Delete
Name: COHEN, EDITH
Address: 2403 ANTIGUA CIRCLE STE E-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: DE VOS, HERBERT
Address: 2403 ANTIGUA CIRCLE STE E-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: T ( ) Delete
Name: COHN, ROBIN
Address: 2403 ANTIGUA CIRCLE STE E-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: LEVITZ, DR. PAUL
Address: 2403 ANTIGUA CIRCLE STE E-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: T ( ) Delete
Name: LINDENBERG, BENNO
Address: 2403 ANTIGUA CIRCLE STE E-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: T ( ) Delete
Name: GORDON, IRIS
Address: 2403 ANTIGUA CIRCLE STE E-1
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: H DE VOS D 02/19/2009

Electronic Signature of Signing Officer or Director — Date