

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002128

FILED
Jan 26, 2009
Secretary of State

Entity Name: NATIONAL NON-PROFIT FOR AMERICANS WITH DISABILITIES, INC.

Current Principal Place of Business:

901 CHESTNUT STREET
SUITE B
CLEARWATER, FL 33756 56

New Principal Place of Business:

901 CHESTNUT STREET
SUITE B
CLEARWATER, FL 33756

Current Mailing Address:

901 CHESTNUT STREET
SUITE B
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 04-3625771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTEET, LARRY R
901 CHESTNUT STREET
SUITE B
CLEARWATER, FL 33756 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: DP () Delete
Name: POTEET, LARRY R
Address: 901 CHESTNUT STREET
City-St-Zip: CLEARWARE, FL 33756

Title: D () Delete
Name: FINCHUM, TRAVIS
Address: 901 CHESTNUT STREET SUITE B
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: WILDER, KATHY J
Address: 901 CHESTNUT STREET
City-St-Zip: CLEARWATER, FL 33756

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:

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: LARRY R POTEET

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date