

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000240

**FILED**  
**Apr 29, 2004**  
**Secretary of State****Entity Name:** FLORIDA COALITION FOR THE EDUCATION OF INDIVIDUALS WITH DEVELOPMENTAL  
DISABILITIES, INC.**Current Principal Place of Business:**5300 BROKEN S BLVD NW 2ND FL  
BOCA RATON, FL 33487**New Principal Place of Business:****Current Mailing Address:**5300 BROKEN S BLVD NW 2ND FL  
BOCA RATON, FL 33487**New Mailing Address:****FEI Number:** 04-3704830**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DAVIS-KILLIAN, SUSAN  
7326 ASHLEY SHORES CIR  
LAKE WORTH, FL 33467 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:** D ( ) Delete  
**Name:** DAVIS-KILLIAN, SUE  
**Address:** 7326 ASHLEY SHORES CIR  
**City-St-Zip:** LAKE WORTH, FL 33467**Title:** D ( ) Delete  
**Name:** BERGEN, AMY V  
**Address:** 511 BIRDSONG CT  
**City-St-Zip:** LONGWOOD, FL 32779**Title:** D ( ) Delete  
**Name:** HAMILTON, ANNE  
**Address:** 450 CLARENDON AVE  
**City-St-Zip:** WINTER PK, FL 32789**Title:** D ( ) Delete  
**Name:** COOPER, LAURA  
**Address:** 3674 WINDING LAKE  
**City-St-Zip:** ORLANDO, FL 32835**Title:** D ( ) Delete  
**Name:** ROUSEY, SHARON  
**Address:** 430 LAKE RUTH DR  
**City-St-Zip:** LONDWOOD, FL 32750**Title:** D ( ) Delete  
**Name:** LABELLE, JAN  
**Address:** 2735 WHITNEY RD  
**City-St-Zip:** CLEARWATER, FL 33760**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** MS. (X) Change ( ) Addition  
**Name:** DAVIS-KILLIAN, SUE  
**Address:** 7326 ASHLEY SHORES CIR  
**City-St-Zip:** LAKE WORTH, FL 33467**Title:** MS. (X) Change ( ) Addition  
**Name:** VAN BERGEN, AMY  
**Address:** 511 BIRDSONG CT  
**City-St-Zip:** LONGWOOD, FL 32779**Title:** MS. (X) Change ( ) Addition  
**Name:** CORSE-ADAMS, SUSAN  
**Address:** 2714 MCGIRTS COVE  
**City-St-Zip:** JACKSONVILLE, FL 32210**Title:** MS. (X) Change ( ) Addition  
**Name:** SCHELL, LISA  
**Address:** 9247 OAKFAIR DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32317**Title:** MS. (X) Change ( ) Addition  
**Name:** ROUSEY, SHARON  
**Address:** 282 EAGLET WAY  
**City-St-Zip:** LAKE MARY, FL 32746**Title:** MS. (X) Change ( ) Addition  
**Name:** LABELLE, JAN  
**Address:** 2735 WHITNEY RD  
**City-St-Zip:** CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN DAVIS-KILLIAN

MS.

04/29/2004

Electronic Signature of Signing Officer or Director

Date