

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000240

FILED
Mar 27, 2010
Secretary of State

Entity Name: FLORIDA COALITION FOR THE EDUCATION OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, INC.

Current Principal Place of Business:

7326 ASHLEY SHORES CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7326 ASHLEY SHORES CIRCLE
LAKE WORTH, FL 33467

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: MS.
Name: OCAMPO, ASHLEY
Address: 1002 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MS.
Name: HARRIS, NANCY
Address: 1270 SW 28TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MS.
Name: CORSE-ADAMS, SUSAN
Address: 2714 MCGIRTS COVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MR
Name: LABELLE, RICH
Address: 2735 WHITNEY RD
City-St-Zip: CLEARWATER, FL 33760

Title: MS.
Name: DAVIS-KILLIAN, SUE CHAIR
Address: 7326 ASHLEY SHORES CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: MS.
Name: VAN BERGEN, AMY
Address: 511 BIRDSONG COURT
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: SUSAN DAVIS-KILLIAN

CHAI

03/27/2010

Electronic Signature of Signing Officer or Director

Date