2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# N03000005017

Entity Name: NATIONAL ASSOCIATION FOR THE PHYSICALLY CHALLENGED INCORPORATED

Current Principal Place of Business:

3206 ENTERPRISE DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3206 ENTERPRISE DR
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 56-2380795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLEAN, PAMELA C
3206 ENTERPRISE DR
TALLAHASSEE, FL 32312 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: P ( ) Delete
Name: MCLEAN, PAMELA
Address: 3206 ENTERPRISE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: V ( ) Delete
Name: ABELE, LINDA
Address: 841 MADERIA CIRCLE
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: SLADE, LINDA
Address: 7572 PRESERVATION RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: NEUBERGER, KIM
Address: 2009 E. RANDOLPH
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: BERRY, JANE K
Address: 3206 E. LAKE SHORE
City-St-Zip: TALLAHASSEE, FL 32312

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA MCLEAN P 07/11/2006

Electronic Signature of Signing Officer or Director — Date