2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N07000002892

Entity Name: AMERICAN ASSOCIATION FOR DISABLED CHILDREN, INC.

Current Principal Place of Business:

3365 BURNS ROAD STE 214
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

15655 75TH WAY N
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

3365 BURNS ROAD STE 214
PALM BEACH GARDENS, FL 33410

New Mailing Address:

15655 75TH WAY N
PALM BEACH GARDENS, FL 33418

FEI Number: 42-1725702 **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:

TURK, ROBYN T
3365 BURNS ROAD STE 214
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MUNOZ UPTON, PATRICIA
15655 75TH WAY N
PALM BEACH GARDENS, FL 33418 US

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: PATRICIA MUNOZ UPTON 01/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TURK, ROBYN T
Address: 3365 BURNS ROAD STE 214
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: ARCHAMBAULT, EUGENE
Address: 159 NW 68TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: ARCHAMBAULT, DONNA
Address: 159 NW 68TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MUNOZ UPTON, PATRICIA T
Address: 15655 75TH WAY N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Change ( ) Addition
Name: STROBEL, ARIE
Address: 16388 75TH AVE N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Change ( ) Addition
Name: HARRELSON, DEBRA
Address: 99 SE MIZNER BLVD APT 717
City-St-Zip: BOCA RATON, FL 33432

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: PATRICIA MUNOZ MS 01/09/2009
Electronic Signature of Signing Officer or Director Date