

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007040

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** DISABLED DRUMMERS ASSOCIATION, INC.

**Current Principal Place of Business:**

18901 NW 19TH AVE  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

18901 NW 19TH AVE  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

**FEI Number:** 65-1026111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZ, MARY JO  
18901 NW 19TH AVE  
MIAMI GARDENS, FL 33056 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  
**Name:** KATZ, STEVE  
**Address:** 18901 NW 19TH AVE  
**City-St-Zip:** MIAMI GARDENS, FL 33056

**Title:** ST  
**Name:** KATZ, MARY JO  
**Address:** 18901 NW 19TH AVE  
**City-St-Zip:** MIAMI GARDENS, FL 33056

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:** MARY JO KATZ

ST

04/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date