

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004125

FILED
Mar 31, 2011
Secretary of State

Entity Name: DOWN SYNDROME FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

11206 HOWEY CROSS ROAD
CLERMONT, FL 34715

New Principal Place of Business:

Current Mailing Address:

PO BOX 533462
ORLANDO, FL 328533462

New Mailing Address:

FEI Number: 27-2436041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, SCOTT
11206 HOWEY CROSS ROAD
CLERMONT, FL 34715 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
Name: WENDEL, SCOTT
Address: 11206 HOWEY CROSS ROAD
City-St-Zip: CLERMONT, FL 34715

Title: D
Name: GARDINER, CAMILLE
Address: 1817 ANTILLES PLACE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: BANCALARI, CHRISTIE
Address: 9783 LAKE GEORGIA DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D
Name: MCCOACH, JOY
Address: 2507 WOODSIDE AVENUE
City-St-Zip: ORLANDO, FL 32803

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: SCOTT A. WENDEL

PRES

03/31/2011

Electronic Signature of Signing Officer or Director

Date