

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007480

FILED
Feb 29, 2012
Secretary of State

Entity Name: ASSOCIATION OF AREA DELIVERY SYSTEM SPONSORS, INC.

Current Principal Place of Business:

1454 MADISON AVENUE
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1454 MADISON AVENUE
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DILLON, WILLIAM
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DIR.
Name: AKIN, RICHARD
Address: C/O 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: DIR
Name: WEINMAN, STEVEN
Address: C/O 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: DIR
Name: ELLIS, MICHAEL
Address: C/O 1454 MADISON AVENUE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: C
Name: WILLIAMS, GAYE
Address: 950 CR 17A WEST
City-St-Zip: AVON PARK, FL 33825

Title: S
Name: PRESHA, MICKEY
Address: 1312 MANATEE AVENUE EAST
City-St-Zip: BARDENTON, FL 34208

Title: V
Name: KELLY, EVERETT
Address: 1425 SOUTH US 301
City-St-Zip: SUMPTERVILLE, FL 33585

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: GAYE WILLIAMS

C

02/29/2012

Electronic Signature of Signing Officer or Director

_____ Date