2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90015 033 ****61.25

DOCUMENT # N21616

1. Entity Name
ADVOCACY CENTER FOR PERSONS WITH DISABILITIES, INC.

Principal Place of Business	Mailing Address
2671 EXECUTIVE CENTER CIR. W. 100 TALLAHASSE, FL 32301-2024 US	2671 EXECUTIVE CENTER CIR. W. 100 TALLAHASSEE, FL 32301-2024 US

02052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2824728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMENTHAL, GARY H
2671 EXECUTIVE CENTER CIR W.
STE. 100
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Hubert A. Grissom - General Council
Street Address (P.O. Box Number is Not Acceptable) Times Building Suite 513
1000-N Ashley DR.
City Tampa FL Zip Code 33602

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hubert A. Grissom — 2/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, DOUGLAS 10400 SOVEREIGN DR LARGO, FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLIFIELD, ELIZABETH DR 3866 LONGLEAF ROAD TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED BLUMENTHAL, GARY H 2671 EXEC. CNTR. CIR. W. STE. 100 TALLAHASSEE, FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Acting EP Edith Piekalkiewicz 2671 Exec. Cntr. Cir. W. Suite 100 Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MASSOLIO, JOHN 3403 FOREST BRIDGE CIRCLE BRANDON, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SKOCZ, ANITA 1139 CALDWELL AVENUE ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: — 2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #