## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21616

FILED Apr 27, 2007 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
2671 EXECUTIVE CENTER CIR. W.				2728 CENTERVIEW DRIVE			
100 TALLAHASSE, FL  323015092  US				102 TALLAHASSEE, FL 32301 US			
Current Mailing Address:				New Mailing Address:			
2671 EXECUTIVE CENTER CIR. W.				2728 CENTERVIEW DRIVE			
100 TALLAHASSEE, FL 323015092 US				102 TALLAHASSEE, FL 32301 US			
FEI Number: 59-2824728 FEI Number Applied For() FEI Num				nber Not Appli	icable ( )	Certificate of Status	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GRISSOM, HUBERT A TIMES BUILDING TIMES BUILDING 1000-N ASHLEY DR., STE. 513 TAMPA, FL 33602 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: 04/27/2007							
	Electronic	Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	P () D JONES, DOUGLA 10400 SOVEREIG LARGO, FL 3377	GN DR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () C SEIPLE, BEVERL 1212 POPPY AVE PENSACOLA, FL	E		Title: Name: Address: City-St-Zip:	VP (X) HULL, HELIA 14213 LAKE UN ORLANDO, FL		
Title: Name: Address: City-St-Zip:	WESTON, GARY	E CENTER CIRLCE W, STE. 100		Title: Name: Address: City-St-Zip:	WESTON, GARY	IEW DRIVE, STE 102	
Title: Name: Address: City-St-Zip:	FIN () C SCHOEMANN, PE 6932 SYLVAN W SANFORD, FL 3:	OODS DR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LGL () D HULL, HELIA 14213 LAKE UND ORLANDO, FL 3			Title: Name: Address: City-St-Zip:	CE (X) HOLIFIELD, ELI: 4032 LONGLEAI TALLAHASSEE,	F ROAD	
Title: Name: Address: City-St-Zip:	PONDER, JERRY	E CENTER CIRCLE W		Title: Name: Address: City-St-Zip:	WHITNEY, ROB	IEW DRIVE, STE 102	

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: ROBERT WHITNEY TR 04/27/2007