2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 25, 2008
Secretary of State

DOCUMENT# N21616

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

Current Principal Place of Business:

2728 CENTERVIEW DRIVE
102
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2728 CENTERVIEW DRIVE
102
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2824728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRISSOM, HUBERT A
TIMES BUILDING
1000-N ASHLEY DR., STE. 640
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WESTON, GARY J
2728 CENTERVIEW DRIVE
STE 102
TALLAHASSEE, FL 32301 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: GARY J WESTON 09/25/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: HULL, HELIA
Address: 14213 LAKE UNDERHILL ROAD
City-St-Zip: ORLANDO, FL 32828 US

Title: VC ( ) Delete
Name: SCHOEMANN, PETER
Address: 6932 SYLVAN WOODS DR
City-St-Zip: SANFORD, FL 32771 US

Title: ED ( ) Delete
Name: WESTON, GARY J
Address: 2728 CENTERVIEW DRIVE, STE 102
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TR ( ) Delete
Name: WHITNEY, ROBERT E
Address: 2728 CENTERVIEW DRIVE, STE 102
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: CE ( ) Delete
Name: HOLIFIELD, ELIZABETH
Address: 4032 LONGLEAF ROAD
City-St-Zip: TALLAHASSEE, FL 32310 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 E WHITNEY TR 09/25/2008
Electronic Signature of Signing Officer or Director — Date