

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21616

FILED  
Apr 02, 2009  
Secretary of State

**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:**

WESTON, GARY J  
2728 CENTERVIEW DRIVE  
STE 102  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

WHITNEY, ROBERT E  
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: ROBERT E. WHITNEY

04/02/2009

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

Title: CE (X) 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: ED (X) Change ( ) Addition  
Name: WHITNEY, ROBERT E  
Address: 2728 CENTERVIEW DRIVE, STE 102  
City-St-Zip: TALLAHASSEE, FL 32301 US

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

ED

04/02/2009

Electronic Signature of Signing Officer or Director

Date