

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 31, 2011
Secretary of State**

DOCUMENT# N22407

Entity Name: FRIENDS OF THE DISABLED, INC.**Current Principal Place of Business:**340 MIRACLE STRIP PKWY., UNIT 6
MARY ESTHER, FL 325691834 US**New Principal Place of Business:****Current Mailing Address:**302 HOLMES BLVD., N.W.
C/O PATRICK O'NEILL, PHD
FORT WALTON BEACH, FL 325484102 US**New Mailing Address:**7535 SOUTHPOINTE PLACE
C/O PAUL C. VINCENT
PENSACOLA, FL 32514 US**FEI Number:** 63-0852361**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**O'NEILL, PHD, PATRICK W (CO-DIR
302 HOLMES BOULEVARD NW
FORT WALTON BEACH, FL 325484102 US**Name and Address of New Registered Agent:**VINCENT, PAUL C
7535 SOUTHPOINTE PLACE
PENSACOLA, FL 32514 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: PAUL C. VINCENT

07/31/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: VINCENT, PAUL C
Address: 7535 SOUTHPOINTE PLACE
City-St-Zip: PENSACOLA, FL 32514 US

Title: FD
Name: DOUGLASS R. C.
Address: 7535 SOUTHPOINTE PL.
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: VINCENT, JEAN
Address: 1062 WOODSIDE DR
City-St-Zip: MOBILE, AL 36608

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: PAUL C. VINCENT

ED

07/31/2011

Electronic Signature of Signing Officer or Director

Date