

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26317

FILED
Feb 03, 2009
Secretary of State

Entity Name: ALTAMONTE SPRINGS ADVISORY BOARD FOR THE DISABLED, INC.

Current Principal Place of Business:

830 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

225 NEWBURYPORT AVENUE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-2718344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COON, VINNIE A
225 NEWBURY PORT AVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MICHALSKI, BEA
Address: 634 LAUREL OAK LANE - UNIT #104
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: FREEMAN, DAN
Address: 128 OXFORD ROAD
City-St-Zip: CASSELBERRY, FL 32730

Title: D () Delete
Name: COON, NANCY A
Address: 3108 MANDEVILLE STREET
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: LEVINE, LAWRENCE
Address: 522 MOCKINGBIRD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: JERRY, MCCALVIN
Address: 113 GRAHAM RD
City-St-Zip: CASSELBERRY, FL 32730

Title: S () Delete
Name: COON, VINNIE A
Address: 3108 MANDEVILLE STREET
City-St-Zip: DELTONA, FL 32738

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
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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: VINNIE A. COON

SEC

02/03/2009

Electronic Signature of Signing Officer or Director

Date