

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26317

FILED  
Jan 06, 2011  
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:**

837 MAGNOLIA DRIVE  
ALTAMONTE SPRINGS, FL 32701

**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 (X)**

**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  
Name: MICHALSKI, BEA  
Address: 634 LAUREL OAK LANE - UNIT #104  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: D  
Name: CORTES, JAMIE  
Address: 575 NORTHWESTERN AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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

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

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: VINNIE A. COON

S

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date