

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34054 (9)

1. Corporation Name

HANDICAP ADVOCACY COUNCIL, INC.



Principal Place of Business

5615 26 ST W
BRADENTON FL 34207

Mailing Address

5615 26 ST W
BRADENTON FL 34207

3. Date Incorporated or Qualified
09/05/1989

3a. Date of Last Report
06/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
65-0205448

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LITTLE, MELTON, H.
5615 26TH ST. W.
BRADENTON FL 34207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCKAY, P J
650 N BENEAU RD APT 212
SARASOTA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TP
GRUBBS, DIXIE
5416 36TH ST. E.
BRADENTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LITTLE, MELTON H.
1429 FLAMINGO BLVD #300
BRADENTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
ALLEN, ROBERT
112 66TH ST CT. EAST
BRADENTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ALLEN, ARLINE
112 66TH ST. CT. EAST
BRADENTON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
DOWNS, JESSIE G.
1508 WATE OAK WAY SOUTH
BRADENTON FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

VD ☒ Change ☐ Addition
3275 Beneva Rd
Sarasota FL - 34232-4552

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition
Same
Same
5615 26th St W
Bradenton FL 34207

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition
D

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 941-753-2332
Daytime Phone #

CR2E037 (12/95)