


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09 1998 8:00am
Secretary of State

0010590

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34054** (9)

1. Corporation Name

HANDICAP ADVOCACY COUNCIL, INC.

Principal Place of Business

Mailing Address

5615 26 ST W
BRADENTON FL 34207

5615 26 ST W
BRADENTON FL 34207

3. Date Incorporated or Qualified

09/05/1989

4. FEI Number

65-0205448

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCKAY, P J	
STREET ADDRESS	8275 BENEVA RD.	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	BOARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DICK BEEHLER	
1.3 STREET ADDRESS	1801 S.E. 5th PL.	
1.4 CITY-ST-ZIP	FORT MYERS FL 33990	

TITLE	TP	<input type="checkbox"/> DELETE
NAME	GRUBBS, DIXIE	
STREET ADDRESS	5416 38TH ST. E.	
CITY-ST-ZIP	BRADENTON FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.J. MCKAY	
2.3 STREET ADDRESS	5419 26th ST. W.	
2.4 CITY-ST-ZIP	BRADENTON FL 34207-3107	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLE, MELTON H.	
STREET ADDRESS	5615 26TH ST W	
CITY-ST-ZIP	BRADENTON FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, ROBERT	
STREET ADDRESS	112 68TH ST CT. EAST	
CITY-ST-ZIP	BRADENTON FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, ARLINE	
STREET ADDRESS	112 68TH ST. CT. EAST	
CITY-ST-ZIP	BRADENTON FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOWNS, JESSIE G.	
STREET ADDRESS	1508 WATE OAK WAY SOUTH	
CITY-ST-ZIP	BRADENTON FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Dixie Grubbs* **DIXIE GRUBBS**

7/1/98

941-753-2332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)