

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90070 013 ****61.25

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DOCUMENT # N34054

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/05/1989

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

9. Name and Address of Current Registered Agent

LITTLE, MELTON, H.

5615 26TH ST. W.

BRADENTON FL 34207

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME BEEHLER, DICK

STREET ADDRESS 1801 E 5TH PL 723 Stephen Dr.

CITY-ST-ZIP FT MYERS FL 33900 Selbring #1 33872

TITLE VD ☒ DELETE

NAME MCKAY, P J

STREET ADDRESS 5419 26TH ST W 4507 9th St W h-25

CITY-ST-ZIP BRADENTON FL 34207-1421

TITLE D ☐ DELETE

NAME LITTLE, MELTON H.

STREET ADDRESS 5615 26TH ST W

CITY-ST-ZIP BRADENTON FL

TITLE X VD ☐ DELETE

NAME ALLEN, ROBERT

STREET ADDRESS 112 66TH ST CT. EAST

CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME ALLEN, ARLINE

STREET ADDRESS 112 66TH ST. CT. EAST

CITY-ST-ZIP BRADENTON FL

TITLE SD ☐ DELETE

NAME DOWNS, JESSIE G.

STREET ADDRESS 1508 WATE OAK WAY SOUTH

CITY-ST-ZIP BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME STAN Schuster

1.3 STREET ADDRESS 5615 26th St W

1.4 CITY-ST-ZIP Bradenton-Fla 34207

2.1 TITLE D. ☐ Change ☒ Addition

2.2 NAME Aurora Reyes

2.3 STREET ADDRESS 4507 9th St W.

2.4 CITY-ST-ZIP Bradenton

3.1 TITLE P.D. ☐ Change ☒ Addition

3.2 NAME Dixie Grubbs

3.3 STREET ADDRESS 5416 36th St E

3.4 CITY-ST-ZIP Bradenton, Fla 34203

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)