

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N42273

1. Entity Name
**DEVELOPMENTAL DISABILITIES ASSOCIATION OF
FLORIDA, INC.**



Principal Place of Business
**DDAF - C/O J CASALE
12217 SNEAD PLACE
TAMPA, FL 33624 US**

Mailing Address
**DDAF - C/O J CASALE
12217 SNEAD PLACE
TAMPA, FL 33624 US**

DO NOT WRITE IN THIS SPACE

01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number
22-3199781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASALE, JAMES
12217 SNEAD PLACE
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASALE, JAMES
40 WOODBRIDGE AVE
SEWARREN, NJ**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HULSEY, RAMON
40 WOODBRIDGE AVE
SEWARREN, NJ**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYAN, FRANCIS M.
40 WOODBRIDGE AVE
SEAWARREN, NJ**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHAFFER, SCOTT
12217 SNEAD PLACE
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000247514
03/01/05-80026-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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 #

James Casale 2/27/05 732 636 6710