

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42273

FILED
Feb 03, 2006
Secretary of State

Entity Name: DEVELOPMENTAL DISABILITIES ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 22-3199781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASALE, JAMES
12217 SNEAD PLACE
TAMPA, FL 33624 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 () Delete
Name: CASALE, JAMES,
Address: 40 WOODBRIDGE AVE
City-St-Zip: SEWAREN, NJ

Title: D () Delete
Name: HULSEY, RAMON,
Address: 40 WOODBRIDGE AVE
City-St-Zip: SEWARREN, NJ

Title: D () Delete
Name: RYAN, FRANCIS M.,
Address: 40 WOODBRIDGE AVE
City-St-Zip: SEAWARREN, NJ

Title: D () Delete
Name: CHAFFER, SCOTT
Address: 12217 SNEAD PLACE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASALE, JAMES,
Address: 40 WOODBRIDGE AVE
City-St-Zip: SEWAREN, NJ 07077

Title: D (X) Change () Addition
Name: HULSEY, RAMON,
Address: 40 WOODBRIDGE AVE
City-St-Zip: SEWAREN, NJ 07077

Title: D (X) Change () Addition
Name: RYAN, FRANCIS M.,
Address: 40 WOODBRIDGE AVE
City-St-Zip: SEWAREN, NJ

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES CASALE

D

02/03/2006

Electronic Signature of Signing Officer or Director

_____ Date