

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42273

FILED  
Mar 20, 2009  
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 07077

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date