

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N50341	
1. Entity Name FLORIDA ADVOCATES FOR COMMUNITY CARE FOR DISABLED ADULTS, INC.	
Principal Place of Business 14041 ICOT BLVD. CLEARWATER, FL 33760	Mailing Address 14041 ICOT BLVD. CLEARWATER, FL 33760



03212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNSTEIN, MICHAEL 14041 ICOT BLVD. CLEARWATER, FL 33760	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	DP BERNSTEIN, MICHAEL A. 14041 ICOT BLVD. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, JOSE 5255 NW 87TH AVE STE 400 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANDRESS, HARVEY 14041 ICOT BLVD CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DIANE 201 E. SAMPLE RD. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JULIE 4040 ESPLANADE WAY #180 TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/01/05-80064-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] 3/29/05 (727) 538-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #