2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N50341

1. Entity Name
FLORIDA ADVOCATES FOR COMMUNITY CARE FOR DISABLED ADULTS, INC.

Principal Place of Business	Mailing Address
14041 ICOT BLVD. CLEARWATER, FL 33760	14041 ICOT BLVD. CLEARWATER, FL 33760

03202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3227640
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL
14041 ICOT BLVD.
CLEARWATER, FL 33760

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000522665
05/03/06-80038-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BERNSTEIN, MICHAEL A.
STREET ADDRESS	14041 ICOT BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	VD
NAME	FOX, JOSE
STREET ADDRESS	5255 NW 87TH AVE STE 400
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	STD
NAME	LANDRESS, HARVEY
STREET ADDRESS	14041 ICOT BLVD
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	SMITH, DIANE
STREET ADDRESS	201 E. SAMPLE RD.
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	SHAW, JULIE
STREET ADDRESS	4040 ESPLANADE WAY #180
CITY-ST-ZIP	TALLAHASSEE, FL 32399
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ 4/17/06 (727) 538-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #