2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N50341

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

Current Principal Place of Business:

14041 ICOT BLVD.
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14041 ICOT BLVD.
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3227640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNSTEIN, MICHAEL
14041 ICOT BLVD.
CLEARWATER, FL 33760 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: DP ( ) Delete
Name: BERNSTEIN, MICHAEL A.
Address: 14041 ICOT BLVD.
City-St-Zip: CLEARWATER, FL 33760

Title: VD ( ) Delete
Name: FOX, JOSE
Address: 5255 NW 87TH AVE STE 400
City-St-Zip: MIAMI, FL 33166

Title: STD ( ) Delete
Name: LANDRESS, HARVEY
Address: 14041 ICOT BLVD
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: SMITH, DIANE
Address: 201 E. SAMPLE RD.
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete
Name: SHAW, JULIE
Address: 4040 ESPLANADE WAY #180
City-St-Zip: TALLAHASSEE, FL 32399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: FARAHBAKHSH, FARIMA
Address: 14041 ICOT BLVD
City-St-Zip: CLEARWATER, FL

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: MICHAEL BERNSTEIN DP 04/02/2009

Electronic Signature of Signing Officer or Director — Date