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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000641

1. Corporation Name

THE ADVOCACY CENTER FOUNDATION FOR PERSONS WITH
DISABILITIES, INC.

Principal Place of Business

864 E PARK AVENUE
TALLAHASSEE FL 32301

Mailing Address

864 E PARK AVENUE
TALLAHASSEE FL 32301



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

02/16/1993

4. FEI Number

59-3196231

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHELDON, GEORGE
864 EAST PARK AVENUE
108 S. MONROE ST., SUITE 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SHELDON, GEORGE H
STREET ADDRESS 864 EAST PARK AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D
NAME THOMSON, PARKER
STREET ADDRESS ONE S.E. 3RD AVENUE, SUITE 1700
CITY-ST-ZIP MIAMI FL 33131

TITLE D
NAME BLOCK, LANCE
STREET ADDRESS 2139 PALM BEACH LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D
NAME PD
STREET ADDRESS PD
CITY-ST-ZIP PD

TITLE D
NAME PD
STREET ADDRESS PD
CITY-ST-ZIP PD

TITLE D
NAME PD
STREET ADDRESS PD
CITY-ST-ZIP PD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Sheldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (850) 222-5620
Date Daytime Phone #

CR2E037 (11/98)