FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:13

DOCUMENT # N93000004893 (4)

1. Corporation Name

THE NATIONAL ORGANIZATION ON DISABILITY INC.

Principal Place of Business	Mailing Address
P.O. BOX 6062 HOLLYWOOD HILLS FL 33081	P.O. BOX 6062 HOLLYWOOD HILLS FL 33081

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1993
3a. Date of Last Report: 09/07/1994
4. FEI Number: 65-0460760 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JAKUBEK, JAMES R
4401 W PARK RD
HOLLYWOOD FL 33021

Joseph R. Muse
2433 NE 27th Terrace
Ft Lauderdale Fl 33305-2720

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE (S)	☒ Change ☐ Addition
NAME	JAKUBEK JAMES R.	1.2 NAME	James R. Jakubek James R
STREET ADDRESS	4401 W. PARK RD.	1.3 STREET ADDRESS	4401 W Park Rd
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	Hollywood Fla 33021
TITLE	VCD	2.1 TITLE CD	☒ Change ☐ Addition
NAME	MUSE JOSEPH	2.2 NAME	Joseph R. Muse
STREET ADDRESS	~~1009 N. 17TH ST.~~	2.3 STREET ADDRESS	2433 NE 27th Terrace
CITY-ST-ZIP	~~HOLLYWOOD FL 33020~~	2.4 CITY-ST-ZIP	Ft. Lauderdale Fl 33305-2720
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER WAYNE	3.2 NAME	
STREET ADDRESS	2621 N. 72ND WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33022	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	REMITTED BY MAY 1
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James R Jakubek 4-11-95 9580319
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date
Joseph R Muse 4-14-95 305-563-9119
Daytime Phone #

0045848