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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 33061

P.O. BOX 6062
HOLLYWOOD HILLS FL 33061

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSE, JOSEPH R
2433 NE 27TH TERRACE
FT LAUDERDALE FL 33305

81 Name **JAKUBEK, JAMES R.**

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

4401 W. PARK RD.

83

84

City **HOLLYWOOD**

FL

85 Zip Code **33021**

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 signat are required when reinstating)

DATE

2-21-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE

NAME **JAKUBEK JAMES R.**

STREET ADDRESS **4401 W. PARK RD.**

CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **VCD** ☒ DELETE

NAME **MUSE JOSEPH**

STREET ADDRESS **2433 NE 27TH TERRACE**

CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **TD** ☐ DELETE

NAME **CHANDLER WAYNE**

STREET ADDRESS **2621 N. 72ND WAY**

CITY-ST-ZIP **HOLLYWOOD FL 33022**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

VCD ☒ Change ☒ Addition

DIANE SCHAUT

5732 TAFT STREET

HOLLYWOOD, FL 33021

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-96

954-985-0319

CR2E037 (12/95)