NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 17 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005366

1. Entity Name

** AMENDED **

COUNCIL FOR DISASTER ASSISTANCE, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	612 Bonnie Street	Suite, Apt. #, etc.	22 Elm Street
City & State	Millville, DE	City & State	Windsor, CT
Zip	19970	Zip	06095
Country	USA	Country	USA

4. FEI Number 65-0451432 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE _____

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

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Cheek, Leslie E.
STREET ADDRESS	800 Laurel Oak Dr. #200
CITY-ST-ZIP	Naples, FL 33963
TITLE	VD
NAME	Bonsall, Frances Rice
STREET ADDRESS	612 Bonnie Street
CITY-ST-ZIP	Millville, DE 19970
TITLE	D
NAME	Sebastian, Lois Ann
STREET ADDRESS	18 Farm Brook Court
CITY-ST-ZIP	Hamden, CT 06514
TITLE	ST
NAME	Englehart, O.E.
STREET ADDRESS	1 Moorlands
CITY-ST-ZIP	Windsor, CT 06095
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ O.E. Englehart 5/16/02 860-688-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #