2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N93000005366

Entity Name: COUNCIL FOR DISASTER ASSISTANCE, INC.

Current Principal Place of Business:

37462 BONNIE ST
OCEAN VIEW, DE 19970 US

New Principal Place of Business:

Current Mailing Address:

22 ELM ST
C/O JOHNSON, DOWE & BROWN
WINDSOR, CT 06095 US

New Mailing Address:

FEI Number: 65-0451432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: CHEEK, LESLIE E P
Address: 546 BAY VILLAS LN.
City-St-Zip: NAPLES, FL 341085

Title: ST ( ) Delete
Name: ENGLEHART, O.E.
Address: 1 MOORLANDS
City-St-Zip: WINDSOR, CT 06095

Title: D ( ) Delete
Name: SEBASTIAN, LOIS A
Address: 18 FARM BROOK COURT
City-St-Zip: HAMDEN, CT 06514

Title: VD ( ) Delete
Name: BONSELL, FRANCES R
Address: 37462 BONNIE STREET
City-St-Zip: OCEAN VIEW, DE 19970

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: O. E. ENGLEHART ST 01/22/2009

Electronic Signature of Signing Officer or Director — Date