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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003511 (2)**

1. Corporation Name

**CONSORTIUM OF DEVELOPMENTAL DISABILITIES COUNCIL
S, INC.**

Principal Place of Business

Mailing Address

**124 MARRIOTT DR
SUITE 203
TALLAHASSEE FL 32301
US**

**124 MARRIOTT DRIVE
SUITE 203
TALLAHASSEE FL 32301-2801
US**



3. Date Incorporated or Qualified
07/15/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
74-2730184

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRIEGER, K. JOSEPH
124 MARRIOTT DRIVE
SUITE 203
TALLAHASSEE FL 32301-2800**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	HENRY CLAYPOOL	
STREET ADDRESS	8910 W SECOND AVENUE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERT BOARD	
STREET ADDRESS	481 WOOD POND RD	
CITY-ST-ZIP	CHESHIRE CT	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROGER WEBB	
STREET ADDRESS	4900 N. LAMAR BLVD.	
CITY-ST-ZIP	AUSTIN TX	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHN DEWITT	
STREET ADDRESS	8680 SCENIC HIGHWAY, APT. 15	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN DEWITT	
1.3 STREET ADDRESS	8680 Scenic Highway, Apt 15	
1.4 CITY-ST-ZIP	PENSACOLA, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ann Trudgen	
3.3 STREET ADDRESS	P.O. Box 25352	N/A
3.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73125	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LLOYD KRAFT	
4.3 STREET ADDRESS	LEWIS CASS BLDG., SIXTH FLOOR	
4.4 CITY-ST-ZIP	LANSING, MI 48913	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Ann Trudgen* **Ann Trudgen, Treasurer** 4/17/97 (405)528-0955

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0007420

CR2E037 (9/96)