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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003511			
1. Corporation Name CONSORTIUM OF DEVELOPMENTAL DISABILITIES COUNCIL S, INC.			
Principal Place of Business 124 MARRIOTT DR SUITE 203 TALLAHASSEE FL 32301 US		Mailing Address 124 MARRIOTT DRIVE SUITE 203 TALLAHASSEE FL 32301 US	

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		74-2730184	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

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 32301-2600				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 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TREASURER
NAME	HOLLY RIDDLE	1.2 NAME	MARK MERCER
STREET ADDRESS	1508 WESTERN BLVD	1.3 STREET ADDRESS	124 MARRIOTT DR., #203
CITY-ST-ZIP	RALEIGH NC 27606	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	SD	2.1 TITLE	VICE PRESIDENT
NAME	CLIFFORD SANDERS	2.2 NAME	GAIL DUNSKY
STREET ADDRESS	34 BROAD LN RD	2.3 STREET ADDRESS	2406 W. BECKS, Apt. 4
CITY-ST-ZIP	WILLIAMSTOWN NJ 08094	2.4 CITY-ST-ZIP	NORMAN, OK 73069
TITLE	TD	3.1 TITLE	SECRETARY
NAME	TRUDGEON, ANN	3.2 NAME	YVETTE TANNER
STREET ADDRESS	P.O BOX 25352 N/A	3.3 STREET ADDRESS	20536 COUNTY ROAD SOUTH
CITY-ST-ZIP	OKLAHOMA CITY OK	3.4 CITY-ST-ZIP	CORTEZ, CO 81321
TITLE	SD	4.1 TITLE	
NAME	KRAFT, LLOYD	4.2 NAME	
STREET ADDRESS	LEWIS CASS BLDG., SIXTH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING MI	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Mercer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 850.488.4180

CR2E037 (1/98)