

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90003 021 ****61.25

DOCUMENT # N94000005200

1. Entity Name

**FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND
TECHNOLOGY, INC.**



Principal Place of Business

**325 JOHN KNOX RD
BLDG B
TALLAHASSEE FL 32303-4151
US**

Mailing Address

**325 JOHN KNOX RD
BLDG B
TALLAHASSEE FL 32303-4151
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3352342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WARD, TERRY~~
**325 JOHN KNOX RD
BLDG B
TALLAHASSEE FL 32303-4151**

Name

JANE JOHNSON

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jane E. Johnson

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

(NOTE: Registered Agent signature required when reinstating)

2/5/2004

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
POPE, GERTRUDE ED.S.
9371 NW 18TH MANOR
PLANTATION FL 33322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
WARD, TERRY PH. D.
1020 E LAFAYETTE STREET SUITE 110
TALLAHASSEE FL 32301-4546** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
JANE JOHNSON
325 JOHN KNOX RD., BLDG. B
TALLAHASSEE, FL 32303-4151** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
ROESSER, MARK-MBA
8552 HAMPTON LANDING DR
JACKSONVILLE FL 32256** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
KAREN CLAY
502 S. FREMONT AVE., APT 409
TAMPA, FL 33606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane E. Johnson

JANE JOHNSON

2/5/2004

487-3278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #