## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001103

Apr 22, 2012 Secretary of State

Entity Name: FLORIDA'S VOICE ON DEVELOPMENTAL DISABILITIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

% ARLENE LAKIN, ESQ. % SHERI L. HAZELTINE, ESQ. 5591 N.E. 28TH AVENUE 800 PALM TRAIL, SUITE 3 FT. LAUDERDALE, FL 33308 DELRAY BEACH, FL 33483

**Current Mailing Address: New Mailing Address:** 

455 N.E. 5TH AVENUE P.O. BOX 24531 FORT LAUDERDALE, FL 33307

STE. D287

DELRAY BEACH, FL 33483

FEI Number: 65-0564618 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAKIN, ARLENE ESQ. HAZELTINE, SHERI ESQ. 7284 W. ATLANTIC BOULEVARD 800 PALM TRAIL PLAZA STE. 3 MARGATE, FL 33063

DELRAY BEACH, FL 33483 US

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: SHERI L. HAZELTINE, ESQ. 04/22/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MCCARTHY, JUNE Name:

4255 W. COMMERCIAL BLVD. Address: City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VD

Name: MCCARTHY, JUNE

Address: 4255 W. COMMERCIAL BLVD. City-St-Zip: FT. LAUDERDALE, FL 33319

Title: SD

HAZELTINE, SHERI Name:

800 PALM TRAIL PLAZA, SUITE 3 Address: City-St-Zip: DELRAY BEACH, FL 33483

Title: TD

Name: HINSCH, JUDITH

2500 N. MILITARY TRAIL, SUITE 160 Address:

City-St-Zip: BOCA RATON, FL 33431

Title:

FINCHUM, TRAVIS ESQ. Name: 901 CHESTNUT ST., B Address: City-St-Zip: CLEARWATER, FL 33756

Title:

ARLENE, LAKIN ESQ. Name: Address: 5591 N.E. 28TH AVENUE FT. LAUDERDALE, FL 33308 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: SHERI L. HAZELTINE, ESQ. **SECR** 04/22/2012