

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005898

1. Entity Name
FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL,
INCORPORATED



Principal Place of Business
124 MARRIOT DRIVE
SUITE 203
TALLAHASSEE, FL 32301-2981

Mailing Address
124 MARRIOT DRIVE
TALLAHASSEE, FL 32301-2981



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3347586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAYLOR, LISA S
124 MARRIOT DRIVE STE 203
TALLAHASSEE, FL 32301-2981

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BENITO, NILA 13301 BRUCE B. DOWNS BLVD. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED DOWDS, DEBRA 124 MARRIOTT DRIVE, SUITE 203 TALLAHASSEE, M 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCALLON, ENRIQUE 124 MARRIOTT DR SUITE 203 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK, ROBERT 124 MARRIOTT DR STE 203 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/06-80025-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #