

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000231

FILED
Mar 29, 2007
Secretary of State

Entity Name: ASSOCIATION FOR THE SAFETY OF DISABLED PERSONS INC.

Current Principal Place of Business:

7927 WINTER SONG DRIVE
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

7927 WINTER SONG DRIVE
ORLANDO, FL 32825 US

New Mailing Address:

FEI Number: 59-3360613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BORT, ALAN
10301 ARBOR RIDGE TRAIL
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BORT, ALAN
Address: 10301 ARBOR RIDGE TRAIL
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: SUAREZ, JEANNETTE
Address: C/O 7927 WINTER SONG DR.
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: BORT, EDITH
Address: C/O 7927 WINTER SONG DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: COPELAND, RICHARD
Address: % 7651 DOCKSIDE ST.
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: HOFFARD, HELEN
Address: % 7651 DOCKSIDE ST.
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALDERON, NANCY
Address: C/O 7927 WINTER SONG DRIVE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDITH BORT

D

03/29/2007

Electronic Signature of Signing Officer or Director

Date