2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# N96000000231

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

Current Principal Place of Business:

3258 NATOMA WAY
ORLANDO, FL 32825 US

New Principal Place of Business:

Current Mailing Address:

3258 NATOMA WAY
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
3258 NATOMA WAY
ORLANDO, FL 32825 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
Name: BORT, ALAN
Address: 3258 NATOMA WAY
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: BORT, EDITH
Address: C/O 3258 NATOMA WAY
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: KNEWASSER, EVELYN
Address: C/O 3258 NATOMA WAY
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: CALDERON, NANCY
Address: C/O 3258 NATOMA WAY
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: BORT, AARON A
Address: C/O 3258 NATOMA WAY
City-St-Zip: ORLANDO, FL 32825

Title: D
Name: BORT, ETTA-LYNN S
Address: C/O 3258 NATOMA WAY
City-St-Zip: ORLANDO, FL 32825

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: ALAN BORT D 04/29/2011

Electronic Signature of Signing Officer or Director Date