

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000231

FILED
Apr 27, 2012
Secretary of State

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: 8612 BAYSHIRE ROAD
City-St-Zip: ORLANDO, FL 32817

Title: D
Name: CALDERON, NANCY
Address: 8525 AVONSHIRE ROAD
City-St-Zip: ORLANDO, FL 32817

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: MR. ALAN BORT

D

04/27/2012

Electronic Signature of Signing Officer or Director

Date