

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90061 007 ****61.25

DOCUMENT # N96000002200

Corporation Name

FLORIDA ASSOCIATION OF DISABILITY EXAMINERS, INC

Principal Place of Business

812 VONCILE AVENUE
TALLAHASSEE FL 32303

Mailing Address

812 VONCILE AVENUE
TALLAHASSEE FL 32303



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
City & State	City & State	5. Certificate of Status Desired
Zip	Zip	6. Election Campaign Financing
Country	Country	Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNTER, KAREN J
812 VONCILE AVENUE
TALLAHASSEE FL 32303

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input checked="" type="checkbox"/> DELETE D FRANCES, MARK 12441 SW 113 AVE MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D KAREN GUNTER 812 VONCILE AV. TALLAHASSEE, FLA 32303
<input type="checkbox"/> DELETE D WILSON, RHONDA 720 RED FERN ROAD TALLAHASSEE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D JANET BLACK 1251 LIVE OAK ISLAND ROAD CRAWFORDVILLE, FL. 33150
<input checked="" type="checkbox"/> DELETE D PANTALONE, ANDREA 4842 ASHLEY MANOR WAY WEST JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D Edward Pete Skinner 2024 E. INDIAN HEAD DR TALLAHASSEE, FLA 32301
<input checked="" type="checkbox"/> DELETE D LIEBERMAN, ELEANOR 7737 N KENDALL DR C202 MIAMI FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D ROBERT RUMBLEY 83 Valley Road CRAWFORDVILLE, FL. 32327
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

1/6/99

850-488-9150 X223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)