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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006296 (5)

1. Corporation Name

STATEWIDE ADVOCACY NETWORK ON DISABILITIES, INC.

Principal Place of Business

318 SOUTH EDISON AVENUE
TAMPA FL 33606

Mailing Address

318 SOUTH EDISON AVENUE
TAMPA FL 33606-2112



3. Date Incorporated or Qualified
12/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3415063

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITESIDE, LAURA L ESQ
318 SOUTH EDISON AVENUE
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CALDICOTT, JEAN
STREET ADDRESS 13201-A THOMASVILLE CIRCLE
CITY - ST - ZIP TAMPA FL 33617

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME KAMLEITER, MARK S
STREET ADDRESS 600 FIRST AVENUE NORTH, STE 206
CITY - ST - ZIP ST PETERSBURG FL 33701-3609

1.2 NAME ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME LABELLE, RICHARD
STREET ADDRESS 3446 LAKE DRIVE
CITY - ST - ZIP PALM HARBOR FL 34683

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MOORE, KAREN
STREET ADDRESS 3311 BARCELONA STREET
CITY - ST - ZIP TAMPA FL 33629

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SHEPPARD, RICHARD
STREET ADDRESS 4339 SWIFT CIRCLE
CITY - ST - ZIP VALRICO FL 33594

2.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WHITEHEAD, NIKOLE
STREET ADDRESS 1609 PALACE COURT
CITY - ST - ZIP VALRICO FL 33594

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 (407) 644-4826

CR2E037 (9/96)