

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90042 022 ****61.25

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1. Entity Name
STATEWIDE ADVOCACY NETWORK ON DISABILITIES, INC.



Principal Place of Business
1000 N. ASHLEY DR.
STE 513
TAMPA, FL 33602

Mailing Address
1000 N. ASHLEY DR.
STE 513
TAMPA, FL 33602

50055579



2. Principal Place of Business
2509 1st AVE SOUTH

3. Mailing Address
2509 1st AVE SOUTH

Suite, Apt. #, etc.

07072005 Chg-NP CR2E037 (10/03)

City & State
ST. PETERSBURG, FLORIDA

City & State
ST. PETERSBURG, FLORIDA

Zip
33712

Country
PINELAS

Zip
33712

Country
PINELAS

4. FEI Number
59-3415063

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WHITESIDE, LAURA L ESQ
1000 N. ASHLEY DR.
STE 513
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
MARK S. KAMLEITER, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2509 1st AVE SOUTH
City
ST. PETERSBURG, FL Zip Code
33712

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark S. Kamleiter (NOTE: Registered Agent signature required when reinstating) DATE 07/11/05

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBERT, STEWART 6809 WHITEWAY DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAMLEITER, MARK S 600 FIRST AVENUE NORTH, STE 206 ST PETERSBURG, FL 337013609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANCOCK, RICHARD 11524 MONETTE RD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAY, KAREN 502 S FREMONT AVE POST HYDE PK AP TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITEHEAD, NIKOLE 1609 PALACE COURT VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JOAN 914 SHADED WATER WAY LUTZ, FL 33549	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK S. KAMLEITER, ESQ. 2509 1st AVE. SOUTH ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELISSA TREMBLAY 1587 SAND HOLLOW LN PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark S. Kamleiter DATE 07/11/05 (727) 328-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR