

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90234 023 ****61.25

DOCUMENT # N96000006296					
1. Entity Name STATEWIDE ADVOCACY NETWORK ON DISABILITIES, INC.					
Principal Place of Business 25009 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33712 US			Mailing Address 25009 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33712 US		
2. Principal Place of Business 2509 FIRST AVENUE S.		3. Mailing Address 2509 FIRST AVENUE S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232006 Chg-NP CR2E037 (11/05)	
City & State SAINT PETERSBURG, FL		City & State SAINT PETERSBURG, FL		4. FEI Number 59-3415063	
Zip 33712		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KAMLEITER, MARK S ESQ. 25009 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33712			7. Name and Address of New Registered Agent Name <u>MARK S. KAMLEITER, ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>2509 FIRST AVE SOUTH</u> City <u>ST. PETERSBURG</u> <u>FL</u> Zip Code <u>33712</u>		
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 <u>Mark S. Kamleiter</u> DATE <u>3/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME GIBERT, STEWART STREET ADDRESS 6809 WHITEWAY DR. CITY-ST-ZIP TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME KAMLEITER, MARK S STREET ADDRESS 25009 FIRST AVENUE SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33712	<input type="checkbox"/> Delete		TITLE PD NAME MARK S. KAMLEITER, ESQ STREET ADDRESS 2509 FIRST AVE SOUTH CITY-ST-ZIP ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HANCOCK, RICHARD STREET ADDRESS 11524 MONETTE RD CITY-ST-ZIP RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CLAY, KAREN STREET ADDRESS 502 S FREMONT AVE POST HYDE PK AP CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WHITEHEAD, NIKOLE STREET ADDRESS 1609 PALACE COURT CITY-ST-ZIP VALRICO, FL 33594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCOTT, JOAN STREET ADDRESS 914 SHADED WATER WAY CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: <u>Mark S. Kamleiter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/14/06</u> Daytime Phone # <u>127-323-2565</u>		