

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000006296

FILED
Oct 15, 2009
Secretary of State

Entity Name: STATEWIDE ADVOCACY NETWORK ON DISABILITIES, INC.

Current Principal Place of Business:

2509 1ST AVE S
SAINT PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

2509 1ST AVE S
SAINT PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 59-3415063 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KAMLEITER, MARK S ESQ.
2509 1ST AVE S
SAINT PETERSBURG, FL 33712 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: MARK KAMLEITER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TETREAULT, SIMONE
Address: 7700 EARLWOOD AVE
City-St-Zip: TANGERINE, FL 32777

Title: PD () Delete
Name: KAMLEITER, MARK S ESQ
Address: 2509 1ST AVE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: TD () Delete
Name: HANCOCK, RICHARD
Address: 11524 MONETTE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: S () Delete
Name: CLAY, KAREN
Address: 502 S FREMONT AVE POST HYDE PK AP
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: WHITEHEAD, NIKOLE
Address: 1609 PALACE COURT
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SHEPERD, RICHARD
Address: 3444 NW 21ST PL
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD HANCOCK

TD

10/15/2009

Electronic Signature of Signing Officer or Director

Date