

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006296

FILED
Apr 17, 2010
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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: SHEPERD, RICHARD
Address: 344 MW 21ST PL
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: RICHARD L. HANCOCK

TD

04/17/2010

Electronic Signature of Signing Officer or Director

Date