

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90167 019 \*\*\*\*61.25

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1. Corporation Name

NATIONAL ALLIANCE OF THE DISABLED, INC.

Principal Place of Business  
1352 SOUX ST  
ORANGE PARK FL 32065  
US

Mailing Address  
1951 72ND AVENUE, NE  
ST. PETERSBURG FL 33702



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/19/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3430001

Applied For  
Not Applicable

22

27

City & State

City & State

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

23

28

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUTCHER, WALTON D JR  
1951 72ND AVENUE, NE  
ST. PETERSBURG FL 33702

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 DP ☐ DELETE  
NAME BROWN, VICTORIA E  
STREET ADDRESS 1352 SOUX STREET  
CITY-ST-ZIP ORANGE PARK FL 32065

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE  
NAME HEIDA, JAMES F JR  
STREET ADDRESS 16201 21 MILE ROAD  
CITY-ST-ZIP TUSTIN MI 49688

2.1 TITLE DV ☐ Change ☒ Addition  
2.2 NAME Bart E. Spikberg  
2.3 STREET ADDRESS P. O. Box 124  
2.4 CITY-ST-ZIP Rockfield, KY 42274-0124

TITLE D ☐ DELETE  
NAME DUTCHER, WALTON D JR  
STREET ADDRESS 1951 72ND AVENUE, NE  
CITY-ST-ZIP ST. PETERSBURG FL 33702-4715

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME MAHONEY, LINDA  
STREET ADDRESS 430 KENWOOD DR  
CITY-ST-ZIP JACKSONVILLE FL 28540-9043

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS Jacksonville, NC 28540-9043  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME DS  
5.3 STREET ADDRESS Linda Johnson  
5.4 CITY-ST-ZIP 14545 NE 35th Street, #E1065  
Bellevue, WA 98007

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WALTON D DUTCHER

Feb. 16, 1999 (727) 526-5510

Date

Daytime Phone #

CR2E037 (1/98)