

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000000934

1. Corporation Name
NATIONAL ALLIANCE OF THE DISABLED, INC.

Principal Place of Business
 1352 SOUIX 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	
21		26		02/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3430001	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, VICTORIA E	1.2 NAME	
STREET ADDRESS	1352 SOUIX STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDA, JAMES F JR	2.2 NAME	DV Bart E. Spikberg
STREET ADDRESS	16201 21 MILE ROAD	2.3 STREET ADDRESS	P. O. Box 124
CITY-ST-ZIP	TUSTIN MI 49688	2.4 CITY-ST-ZIP	Rockfield, KY 42274-0124
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTCHER, WALTON D JR	3.2 NAME	
STREET ADDRESS	1951 72ND AVENUE, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-4715	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, LINDA	4.2 NAME	
STREET ADDRESS	430 KENWOOD DR	4.3 STREET ADDRESS	Jacksonville, NC 28540-9043
CITY-ST-ZIP	JACKSONVILLE FL 28540-9043	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DS Linda Johnson
STREET ADDRESS		5.3 STREET ADDRESS	14545 NE 35th Street, #E1065
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bellevue, WA 98007
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Walton D Dutcher* **REQUIRED** Feb. 16, 1999 (727) 526-5510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)