

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90064 027 ****61.25

DOCUMENT # N97000000934

1. Entity 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 33702-4715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3430001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, VICTORIA E	
STREET ADDRESS	1352 SOUIX STREET	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SPIKBERG, BART E	
STREET ADDRESS	P.O. BOX 124	
CITY-ST-ZIP	ROCKFIELD KY 42274-0124	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTCHER, WALTON D JR	
STREET ADDRESS	1951 72ND AVENUE, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-4715	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAHONEY, LINDA	
STREET ADDRESS	430 KENWOOD DR	
CITY-ST-ZIP	JACKSONVILLE NC 28540-9043	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, LINDA	
STREET ADDRESS	14545 NE 35TH ST, #E1065	
CITY-ST-ZIP	BELLEVUE WA 98007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

Walton D. Dutcher, Jr.

February 5, 2000

(727) 526-5510

SIGNATURE:

Walton D. Dutcher, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)