

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001749

FILED
Apr 13, 2006
Secretary of State

Entity Name: S.W. FLORIDA DISABILITY RESEARCH, INC.

Current Principal Place of Business:

3300 TAMiami TRAIL
102-A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

1110 PORPOISE RD
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0736830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, LORRAINE I
1110 PORPOISE RD
VENICE, FL 34293 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: VP () Delete
Name: HENDRICKS, LINDA
Address: 3242 SUNRISE TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: MAGLEY, DENISE R
Address: 2411 SUNNINGLOW ST
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: MAGLEY, JACK
Address: 1232 ALTON RD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: ASPERILLA, MARK MD
Address: 278 FIELDS TERR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S/T () Delete
Name: DAVIES, LORRAINE
Address: 1110 PORPOISE R.D
City-St-Zip: VENICE, FL 34293

Title: P () Delete
Name: LARSEN, STEVEN
Address: 13462 LONG AVE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MAGLEY, DENISE R
Address: 3760 METRO PARKWAY APT. 634
City-St-Zip: FT. MYERS, FL 33916

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 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: LORRAINE I. DAVIES

SEC

04/13/2006

Electronic Signature of Signing Officer or Director

Date