

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002070

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** DEVELOPMENT AND SUPPORT SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

430 WEKIVA RAPIDS DR  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

430 WEKIVA RAPIDS DR  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-3483801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANO, GENEVIA M ED.D  
430 WEKIVA DR  
ALTAMONTE SPRINGS, FL 32714 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: MDT ( ) Delete  
Name: GANO, GENEVIA M DR  
Address: 430 WEKIVA RAPIDS DRIVE  
City-St-Zip: ATLAMONTE SPRINGS, FL 32714

Title: PVP ( ) Delete  
Name: MOTHERSIL, GERDA  
Address: 1930 LAKE SHORE CIRCLE  
City-St-Zip: LONGWOOD, FL 32791

Title: SD ( ) Delete  
Name: HARRISON, UNA  
Address: 2023 WEYMOUTH CT  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DR. GENEVIA M. GANO

MDT

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date