

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002794 1. Entity Name EMPLOYMENT OF ADULTS WITH DISABILITIES, INC.					
Principal Place of Business Mailing Address 6103 UMBRELLA TREE LN 6103 UMBRELLA TREE LN FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0866440	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORKUNAS, WILLIAM 6103 UMBRELLA TREE LANE TAMARAC FL 33319				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. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) Signature typed or printed name of registered agent and title if applicable					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	1100000465914 ☐ Change ☐ Add	
NAME	NORKUNAS, WILLIAM		NAME	11/22/06-80052-025 61.25	
STREET ADDRESS	6103 UMBRELLA TREE LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	MOSS, JACK		NAME		
STREET ADDRESS	4040 WEST PALM AIRE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	MOORE, ANDREA ESQ		NAME		
STREET ADDRESS	10665 NW 7TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BRADBURY, ARTHUR		NAME		
STREET ADDRESS	5642 NE 17 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE *William Norkunas* *3/16/06* *954-71100*