2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002794

1. Entity Name
EMPLOYMENT OF ADULTS WITH DISABILITIES, INC.

Principal Place of Business	Mailing Address
6103 UMBRELLA TREE LN FORT LAUDERDALE, FL 33319	6103 UMBRELLA TREE LN FORT LAUDERDALE, FL 33319

DO NOT WRITE IN THIS SPACE

02042007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0866440	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NORKUNAS, WILLIAM
6103 UMBRELLA TREE LANE
TAMARAC, FL 33319

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000625213
02/14/07-80066-011 61.25

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	NORKUNAS, WILLIAM
STREET ADDRESS	6103 UMBRELLA TREE LANE
CITY-ST-ZIP	TAMARAC, FL 33319

TITLE	D
NAME	MOSS, JACK
STREET ADDRESS	4040 WEST PALM AIRE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	D
NAME	MOORE, ANDREA ESQ
STREET ADDRESS	10665 NW 7TH PLACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071

TITLE	D
NAME	BRADBURY, ARTHUR
STREET ADDRESS	5642 NE 17 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 D Norkunas_   2-4-07   484-7199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

William Norkunas