

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002794

FILED
Jan 26, 2009
Secretary of State

Entity Name: EMPLOYMENT OF ADULTS WITH DISABILITIES, INC.

Current Principal Place of Business:

6103 UMBRELLA TREE LN
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

6103 UMBRELLA TREE LN
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 65-0866440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORKUNAS, WILLIAM
6103 UMBRELLA TREE LANE
TAMARAC, FL 33319 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: PD () Delete
Name: NORKUNAS, WILLIAM
Address: 6103 UMBRELLA TREE LANE
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: MOSS, JACK
Address: 4040 WEST PALM AIRE DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: MOORE, ANDREA ESQ
Address: 10665 NW 7TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: BRADBURY, ARTHUR
Address: 5642 NE 17 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

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:

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: WILLIAM J. NORKUNAS

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date