2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000005492

Entity Name: SOCIETY FOR HANDICAPPED ACHIEVEMENT, REHABILITATION AND EMPOWERMENT INC.

Current Principal Place of Business:

5435 RATTLESNAKE HAMMOCK RD.
SUITE E-107
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

5435 RATTLESNAKE HAMMOCK RD.
SUITE E-107
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-3536794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVISON, DANIEL R
5435 RATTLESNAKE HAMMOCK ROAD, STE E107
NAPLES, FL 34113 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: ED ( ) Delete
Name: DAVISON, DANIEL A
Address: 5435 RATTLESNAKE HAMMOCK RD., SUITE E107
City-St-Zip: NAPLES, FL 34113

Title: PD ( ) Delete
Name: PEMBERTON, CHANTE
Address: 204 SILVERADO DRIVE
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete
Name: TIMMER, TIMOTHY M
Address: 1 WATERCOLOR WAY
City-St-Zip: NAPLES, FL 34113

Title: TD ( ) Delete
Name: WOEHR, CHARLIE
Address: 2640 10TH ST NORTH
City-St-Zip: NAPLES, FL 34103

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: DANIEL R DAVISON ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date