

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119217

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: ADVOCATES FOR DISABILITY CLAIMANTS, INC.

**Current Principal Place of Business:**

2447 US HWY 1 SOUTH  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

2447 US HWY 1 SOUTH  
SAINT AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 54-2085363      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

YOUNG, DIANNE  
2447 US HWY 1 SOUTH  
SAINT AUGUSTINE, FL 32086      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OSSMER, BILL  
Address: 25 ZAMORA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V ( ) Delete  
Name: YOUNG, DIANNE  
Address: 25 ZAMORA ST.  
City-St-Zip: ST. AUGUSTINE, FL 32080

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

Title: P/D (X) Change ( ) Addition  
Name: OSSMER, BILL  
Address: 25 ZAMORA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VP/D (X) Change ( ) Addition  
Name: YOUNG, DIANNE  
Address: 25 ZAMORA ST.  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE P YOUNG

VP

03/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date