

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90157 004 \*\*\*\*61.25

DOCUMENT # P20120

1. Corporation Name

AMERICA'S ATHLETES WITH DISABILITIES, INC.

Principal Place of Business

8630 FENTON STREET  
SUITE 920  
SILVER SPRINGS MD 20913

Mailing Address

8630 FENTON STREET  
SUITE 920  
SILVER SPRINGS MD 20913



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 20910

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 20910

30

3. Date Incorporated or Qualified

07/19/1988

4. FEI Number

11-2765283

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust: Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ORR, AL  
101 EAST RIVER COURT STREET  
TAMPA BAY FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE PACE, PAUL	
STREET ADDRESS	380 DIAMOND HILL RD	
CITY-STATE-ZIP	WARWICK RI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENSON, DAVID	
STREET ADDRESS	1475 WEST GRAY STE 166	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, ORAL O	
STREET ADDRESS	1155 15TH ST. NW STE 720	
CITY-STATE-ZIP	WASHINGTON DC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, BRIAN	
STREET ADDRESS	28677 NORTHWESTERN HWY STE 200	
CITY-STATE-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JONES, JEFFREY	
STREET ADDRESS	345 SUPERIOR ST EAST	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, DAVID	
STREET ADDRESS	2813 SPINDLE LANE	
CITY-STATE-ZIP	BOWE MD	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DANBERG, PAMELA	
1.3 STREET ADDRESS	15361 Kadota Street	
1.4 CITY-STATE-ZIP	Sylmar, CA 91342	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stephenson, David	
2.3 STREET ADDRESS	9207 Baber Drive	
2.4 CITY-STATE-ZIP	Houston, TX 77095	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jones, Jeffrey	
5.3 STREET ADDRESS	710 N. Lake Shore Drive, 3rd Fl.	
5.4 CITY-STATE-ZIP	Chicago, IL 60611	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Ronsack

4/19/99

301-589-9042

CR2E037 (11/98)