

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093728

FILED
Apr 28, 2008
Secretary of State

Entity Name: ADVOCATES FOR COMMUNITY OPTIONS, INC.

Current Principal Place of Business:

200 LEISURE CIRCLE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

3885 ESPLANADE AVENUE
PORT ORANGE, FL 32129 US

Current Mailing Address:

200 LEISURE CIRCLE
PORT ORANGE, FL 32127 US

New Mailing Address:

3885 ESPLANADE AVENUE
PORT ORANGE, FL 32129 US

FEI Number: 59-3540563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEBLANC, SUSAN D
200 LEISURE CIRCLE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

LEBLANC, SUSAN D
3885 ESPLANADE AVENUE
PORT ORANGE, FL 32129 US

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: _____ 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: LEBLANC, SUSAN D
Address: 200 LEISURE CR
City-St-Zip: PT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: LEBLANC, SUSAN D
Address: 3885 ESPLANADE AVENUE
City-St-Zip: PORT ORANGE, FL 32129

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN D. LEBLANC PTSD 04/28/2008
Electronic Signature of Signing Officer or Director Date