

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700121

**FILED**  
**Jan 31, 2013**  
**Secretary of State**  
**CC3845090233**

**Entity Name:** ABILITIES, INC. OF FLORIDA

**Current Principal Place of Business:**

2735 WHITNEY ROAD  
CLEARWATER, FL 33760

**Current Mailing Address:**

2735 WHITNEY ROAD  
CLEARWATER, FL 33760 US

**FEI Number:** 59-0874493

**Certificate of Status Desired:** Yes

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

THOMAS, GENE  
2735 WHITNEY ROAD  
CLEARWATER, FL 33760 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BERSOFF, MARILYNN  
Address 2735 WHITNEY ROAD  
City-State-Zip: CLEARWATER FL 33760

Title D  
Name BRUGGEMAN, JOHN R  
Address 6295 EDSALL RD., STE 175  
City-State-Zip: ALEXANDRIA VA 22312

Title D  
Name HARLES, CHARLES  
Address 6295 ESDALL RD., STE 175  
City-State-Zip: ALEXANDRIA VA 22312

Title TREASURER  
Name SOROTA, JOSEPH  
Address 2735 WHITNEY ROAD  
City-State-Zip: CLEARWATER FL 33760

Title VC  
Name VANLOWE, RHONDA S  
Address 2455 ARCTIC FOX WAY  
City-State-Zip: RESTON VA 20191

Title DIRECTOR  
Name HAYWOOD, VERDIA L  
Address 2701 VERILY COURT  
City-State-Zip: OAKTON VA 22124

Title CHAIRMAN  
Name LEE, MICHELLE S  
Address 99 CANAL CENTER PLAZA  
500  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name WOOLSEY, PATRICIA  
Address 7911 JANSEN COURT  
City-State-Zip: SPRINGFIELD VA 22152

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: JOSEPH SOROTA**

**TREASURER**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CARROLL, JAMES  
Address 3950 UNIVERSITY DR  
301  
City-State-Zip: FAIRFAX VA 22030

Title DIRECTOR  
Name RUFENACHT, JULIE  
Address 1308 FT. BRAGG RD  
100  
City-State-Zip: FAYETTEVILLE NC 28305

Title DIRECTOR  
Name CINTRON, CHRISTINE  
Address 3701 KENNETT RD  
100  
City-State-Zip: WILMINGTON DE 19807

Title DIRECTOR  
Name THIEBERGER, PAUL  
Address 10811 HARLEY ROAD  
City-State-Zip: LORTON VA 22079