

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 700121

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: No

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 VC
Name SOROTA, JOSEPH
Address 29750 US HIGHWAY 19 N., SUITE 200
City-State-Zip: CLEARWATER FL 33761

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

Title TREASURER
Name BURKE, FRANK
Address 29750 US HIGHWAY 19 NORTH
City-State-Zip: CLEARWATER FL 33761

Title CHAIRMAN
Name CARROLL, JAMES
Address 3950 UNIVERSITY DRIVE, #301
City-State-Zip: FAIRFAX VA 22030

Title DIRECTOR
Name CINTRON, CHRISTINE
Address 301 NORTH WALNUT STREET, 18TH FLOOR
City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR
Name PLATTNER, PAUL
Address 3137 CALVERT BOULEVARD
City-State-Zip: LUSBY MD 20657

Title DIRECTOR
Name RUFENACHT, JULIE
Address 1308 FORT BRAGG ROAD, SUITE 201
City-State-Zip: FAYETTEVILLE NC 28305

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

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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: DAVID HODGE

CFO

09/18/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEAVELLE, KARLA
Address 126 15TH AVENUE NE
City-State-Zip: ST PETERSBURG FL 33704

Title DIRECTOR
Name CACCETTA, KELLY
Address 425 3RD STREET, S.W., SUITE 700
City-State-Zip: WASHINGTON DC 20024

Title PRESIDENT, CEO
Name SAMUELSON, JANET
Address 10467 WHITE GRANITE DRIVE
City-State-Zip: OAKTON VA 22124

Title CFO
Name HODGE, DAVID
Address 10467 WHITE GRANITE DRIVE
City-State-Zip: OAKTON VA 22124

Title ASST. SECRETARY
Name MOTKO, MATT
Address 2735 WHITNEY ROAD
City-State-Zip: CLEARWATER FL 33760

Title VC
Name PORTMAN, ROBIN
Address 2315 SAWDUST ROAD
City-State-Zip: VIENNA VA 22181

Title DIRECTOR
Name WU, ALBERT
Address 2942 HUNTER MILL ROAD, SUITE 102
City-State-Zip: OAKTON VA 22124

Title COO
Name PATTERSON, BRUCE
Address 10467 WHITE GRANITE DRIVE
City-State-Zip: OAKTON VA 22124

Title SECRETARY
Name HALL, MARK
Address 10467 WHITE GRANITE DRIVE
City-State-Zip: OAKTON VA 22124