

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700121

FILED
Jan 27, 2017
Secretary of State
CC9960229517

Entity Name: ABILITIES, INC. OF FLORIDA

Current Principal Place of Business:

2735 WHITNEY ROAD
CLEARWATER, FL 33760

Current Mailing Address:

P.O. BOX 542203
LAKE WORTH, FL 33454-2203

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 D
Name BRUGGEMAN, JOHN R
Address 727 WISCONSIN AVENUE
City-State-Zip: BETHESDA MD 20814

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

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

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

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

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

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

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

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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: JOSEPH SOROTA

DIRECTOR

01/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name LEAVELLE, KARLA
Address 15550 LIGHTWAVE DR.
City-State-Zip: CLEARWATER FL 33760

Title DIRECTOR
Name SWINDELL, JENNIFER
Address 8283 GREENSBORO DRIVE
City-State-Zip: MCLEAN VA 22102

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

Title DIRECTOR
Name PORTMAN, ROBIN
Address 8283 GREENSBORO DR
City-State-Zip: MCLEAN VA 22181