

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768630

Entity Name: ABILITIES REHABILITATION CENTER FOUNDATION, INC.

Current Principal Place of Business:

2735 WHITNEY RD
CLEARWATER, FL 33760

Current Mailing Address:

2735 WHITNEY RD
CLEARWATER, FL 33760 US

FEI Number: 59-2293228

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS, GENE
2735 WHITNEY RD
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 CHAIRMAN
Name WINNING, RICHARD B
Address 935 42ND AVE N
City-State-Zip: SAINT PETERSBURG FL 33703

Title TRUSTEE
Name RUBIN, LESLIE A
Address 4592 ULMERTON RD.
STE 100
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY
Name SOROTA, JR., JOSEPH J
Address 29750 US 19 N.
200
City-State-Zip: CLEARWATER FL 33761

Title TRUSTEE
Name BURKE, FRANCIS
Address 2735 WHITNEY RD
City-State-Zip: CLEARWATER FL 33760

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 J. SOROTA, JR.

SECRETARY

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date