

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002128

**FILED  
Apr 24, 2015  
Secretary of State  
CC4639092956**

**Entity Name:** NATIONAL NON-PROFIT FOR AMERICANS WITH DISABILITIES, INC.

**Current Principal Place of Business:**

901 CHESTNUT STREET  
SUITE C  
CLEARWATER, FL 33756

**Current Mailing Address:**

901 CHESTNUT STREET  
SUITE C  
CLEARWATER, FL 33756

**FEI Number: 04-3625771**

**Certificate of Status Desired: No**

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

POTEET, LARRY R  
901 CHESTNUT STREET  
SUITE C  
CLEARWATER, FL 33756 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 DP  
Name POTEET, LARRY R  
Address 901 CHESTNUT STREET SUITE C  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name FINCHUM, TRAVIS  
Address 901 CHESTNUT STREET SUITE C  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name WILDER, KATHY J  
Address 901 CHESTNUT STREET SUITE C  
City-State-Zip: CLEARWATER FL 33756

*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: LARRY R POTEET**

**PRESIDENT**

**04/24/2015**

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

\_\_\_\_\_  
Date