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

City-State-Zip: CLEARWATER FL 33756

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/08/2013

Date

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200002128

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

Name and Address of Current Registered Agent:

POTEET, LARRY R 901 CHESTNUT STREET SUITE C CLEARWATER, FL 33756 US Certificate of Status Desired: No

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

Datall /**D** ·

Officer/Director Detail :			
Title	DP	Title	D
Name	POTEET, LARRY R	Name	FINCHUM, TRAVIS
Address	901 CHESTNUT STREET SUITE C	Address	901 CHESTNUT STREET SUITE C
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756
Title	D		
Name	WILDER, KATHY J		
Address	901 CHESTNUT STREET SUITE C		

FILED Jan 08, 2013 Secretary of State CC2602282117