

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003433

Entity Name: NATIONAL ADHD FOUNDATION, INC.**Current Principal Place of Business:**921 BENTLEY STREET
ORLANDO, FL 32805**Current Mailing Address:**P.O. BOX 547882
ORLANDO, FL 32854**FEI Number:** 54-2064125**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JACKSON, DANA S
921 BENTLEY STREET
ORLANDO, FL 32805 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	P
Name	JACKSON, DANA
Address	PO BOX 547882
City-State-Zip:	ORLANDO FL 32854

Title	PRINCIPLE
Name	LAWSON, CUWANA
Address	4903 DONAVON STREET
City-State-Zip:	ORLANDO FL 32808

Title	TREASURER
Name	JACKSON, MARY
Address	P.O. BOX 681043
City-State-Zip:	ORLANDO FL 32868

Title	BROADCAST
Name	CANTU, MANNY
Address	409 S. PALMETTO AVENUE
City-State-Zip:	SANFORD FL 32711

Title	ATTORNEY
Name	SWEETING, JAMES
Address	P.O. BOX 784347
City-State-Zip:	WINTER GARDEN FL 34778-4347

Title	EXECUTIVE SECRETARY
Name	SWEETING, DONNA
Address	P.O. BOX 784347
City-State-Zip:	WINTER GARDEN FL 34778-4347

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: PASTOR DANA JACKSON**PASTOR****03/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date