

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005366

Entity Name: COUNCIL FOR DISASTER ASSISTANCE, INC.

Current Principal Place of Business:

1480 GORDON DRIVE
NAPLES, FL 34102

Current Mailing Address:

22 ELM ST
C/O JOHNSON, DOWE & BROWN
WINDSOR, CT 06095 US

FEI Number: 65-0451432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PD
Name CHEEK, LESLIE EP
Address 546 BAY VILLAS LN.
City-State-Zip: NAPLES FL 34108

Title ST
Name RAYNOR, ANN
Address 15 GEER MOUNTAIN RD
City-State-Zip: SOUTH KENT CT 06785

Title D
Name SEBASTIAN, LOIS A
Address 18 FARM BROOK COURT
City-State-Zip: HAMDEN CT 06514

Title VP
Name BONSALL, FRANCES R
Address 37462 BONNIE STREET
City-State-Zip: OCEAN VIEW DE 19970

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: LESLIE CHEEK

PD

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date