FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:03

DOCUMENT # 718399 (9)

1. Corporation Name

PARENTS & FRIENDS OF THE RETARDED OF CENTRAL FLO RIDA, INC.

Principal Place of Business	Mailing Address
1900 WEBER ST P.O. BOX 53-6194 ORLANDO FL 32809	1900 WEBER ST P.O. BOX 53-6194 ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1970
3a. Date of Last Report: 04/05/1994
4. FEI Number: 23-7366832 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SYRING, LAVERNE
8212 CASCADE OAKS DR
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☒ Addition
NAME	BETANCOURT, NELSON	1.2 NAME	
STREET ADDRESS	6269 WHISPERING WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32807
TITLE	T	2.1 TITLE	☐ Change ☒ Addition
NAME	SYRING, LAVERNE	2.2 NAME	
STREET ADDRESS	8212 CASCADE OAKS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32822
TITLE	SR	3.1 TITLE	☐ Change ☒ Addition
NAME	CASON, ALLEAN	3.2 NAME	
STREET ADDRESS	827 BETHANA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	32805
TITLE	V	4.1 TITLE	V ☒ Change ☐ Addition
NAME	PATTERSON, ROBERT	4.2 NAME	Lamont, Helen
STREET ADDRESS	2504 RAEFORD RD	4.3 STREET ADDRESS	2021 Mohican Tr
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Maitland, Fl 32751
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	CLAUSEN, MARY	5.2 NAME	Patterson, Robert
STREET ADDRESS	1024 SUNWOOD LN	5.3 STREET ADDRESS	2504 Raeford Rd
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, Fl 32806
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	HOLMES, WALTER	6.2 NAME	Richards, Lillian
STREET ADDRESS	6511 AMBASSADOR DR.	6.3 STREET ADDRESS	2003 Morning Dr
CITY-ST-ZIP	ORLANDO, FL 0	6.4 CITY-ST-ZIP	Orlando, Fl 32809

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LA VERNE SYRING LaVerne Syring 1-18-95 407-275-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00353405

D

Kessler, Paul
644 W. Winter Park St
Orlando, Fl 32804

X Change