


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 744681 1. Entity Name HABILITATION CENTER FOR THE HANDICAPPED, INC.	
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Principal Place of Business 22313 BOCA RIO ROAD BOCA RATON, FL 33433	Mailing Address 22313 BOCA RIO ROAD BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1859543	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERRIS, WILLIAM C. 22313 BOCA RIO RD BOCA RATON, FL 33433
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000066255 02/26/04-80007-018 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIGL, RUTH 7402 PANACHE WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, KAREN L 3757 LONE PINE ROAD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANZ, STEVEN ONE WEST CAMINO REAL BLVD., #205 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABINE, WATT M 4570 NW 6TH STREET DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MED FERRIS, WILLIAM 22313 BOCA RIO RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INCE, MARLENE 902 CLINT MOORE RD., STE 230 BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/20/2004	Date	Daytime Phone #
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William C. Ferris