

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744681

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** HABILITATION CENTER FOR THE HANDICAPPED, INC.

**Current Principal Place of Business:**

22313 BOCA RIO ROAD  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

22313 BOCA RIO ROAD  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 59-1859543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERRIS, WILLIAM C EX. DIR  
22313 BOCA RIO RD  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FEIGL, RUTH  
Address: 7402 PANACHE WAY  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D ( ) Delete  
Name: MORRISON, KAREN L  
Address: 3757 LONE PINE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D ( ) Delete  
Name: POMERANZ, STEVEN  
Address: 555 S. FEDERAL HIGHWAY, #210  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D ( ) Delete  
Name: NARVA, SYDNEY  
Address: 4974 N. CITATION DRIVE, #104  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MED ( ) Delete  
Name: FERRIS, WILLIAM C  
Address: 22313 BOCA RIO RD  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D ( ) Delete  
Name: WATT, SABINE M  
Address: 11668 NORTH 154TH ROAD  
City-St-Zip: JUPITER, FL 33478 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM C. FERRIS

MED

04/30/2008

Electronic Signature of Signing Officer or Director

Date