

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

01 MAY 1995 09:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N19591** (9)

1. Corporation Name

HANDICAPPED ENDOWMENTS LIFECARE PROGRAM, INC.

Principal Place of Business

Mailing Address

436 ~~X~~ ORANGE AVENUE
P.O. BOX 521895
LONGWOOD FL 32752-0895
USA

436 ~~X~~ ORANGE AVENUE
P.O. BOX 521895
LONGWOOD FL 32752-0895
USA

→ *Removes:
"E" (last)*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/02/1987	05/01/1994
4. FEI Number	Applied For
59-2831700	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 436 Orange Ave.	26 436 Orange Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 32752-1895	29 Zip 32752-1895
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

FREIBERG, JEANINE
436 ~~X~~ ORANGE AVENUE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 436 Orange Ave.
B4 City
B5 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, TRUDEE C.	12 NAME	
STREET ADDRESS	436 X ORANGE AVENUE	13 STREET ADDRESS	436 Orange Ave.
CITY, ST, ZIP	LONGWOOD FL	14 CITY, ST, ZIP	32750
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIBERG, JEANINE	22 NAME	
STREET ADDRESS	12153 SANDAL CREEK WAY	23 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	24 CITY, ST, ZIP	32824
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, GERALD	32 NAME	
STREET ADDRESS	805 BINION ROAD	33 STREET ADDRESS	
CITY, ST, ZIP	APOPKA FL	34 CITY, ST, ZIP	32703
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, MARILYN	42 NAME	
STREET ADDRESS	805 BINION ROAD	43 STREET ADDRESS	
CITY, ST, ZIP	APOPKA FL	44 CITY, ST, ZIP	32703
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Trudee C. Langford* Secy-Treas. 4/28/95 (402) 331-8050
Trudee C. Langford