

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 FEB -2 AM 8:34

DOCUMENT # N21249 (0)

1. Corporation Name

**CH.A.D.D., INC.(CHILDREN AND ADULTS WITH ATTENTI
ON DEFICIT DISORDERS)**

Principal Place of Business

Mailing Address

% HARVEY C. PARKER
499 NW 70 AVE, STE 109
PLANTATION FL 33317
US

% HARVEY C. PARKER
499 NW 70 AVE, STE 109
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1987	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2817697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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 Suite, Apt. #, etc.

20 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, HARVEY C., PH.D.
499 NW 70 AVE
STE 109
PLANTATION FL 33317**

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELL, BONNIE	1.2 NAME	JOANNE EVANS
STREET ADDRESS	4520 GROVE	1.3 STREET ADDRESS	625 SHORELINE CT
CITY-ST-ZIP	SKOKIE FL	1.4 CITY-ST-ZIP	EAU CLAIRE WI 54703
TITLE	P	2.1 TITLE	PRESIDENT ELECT /D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JOANNE	2.2 NAME	MARY RICHARD
STREET ADDRESS	625 SHORELINE CT	2.3 STREET ADDRESS	1250 MELROSE AVE
CITY-ST-ZIP	EAU CLAIRE WI	2.4 CITY-ST-ZIP	IOWA CITY IA 52246
TITLE	TO	3.1 TITLE	VICE PRESIDENT/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, HARVEY C.	3.2 NAME	ELLEN KOSH
STREET ADDRESS	300 NW 70 AVE, STE 102	3.3 STREET ADDRESS	1103 BUTLER PIKE
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	BLUE BELL PA 19422
TITLE	V	4.1 TITLE	SECRETARY/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSH, ELLEN	4.2 NAME	JULIE DOY
STREET ADDRESS	1103 BUTLER PIKE	4.3 STREET ADDRESS	916 45th ST
CITY-ST-ZIP	BLUE BELL PA	4.4 CITY-ST-ZIP	WEST DES MOINES IA 50265
TITLE	S	5.1 TITLE	TREASURER/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, MARY	5.2 NAME	HARVEY C PARKER PH.D.
STREET ADDRESS	1250 MELROSE AVE	5.3 STREET ADDRESS	300 NW 70th AVE SUITE 102
CITY-ST-ZIP	IOWA CITY IA	5.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	D	6.1 TITLE	IMMEDIATE PAST PRESIDENT/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SHEILA	6.2 NAME	BONNIE FELL
STREET ADDRESS	17056 150TH PL SE	6.3 STREET ADDRESS	4520 GROVE
CITY-ST-ZIP	RENTON WA	6.4 CITY-ST-ZIP	SKOKIE IL 60076

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 110.07(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 officer or director 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: Harvey Parker 1/27/95 (305) 587-7342
DATE: _____

ADDITIONAL DIRECTORS

SHEILA ANDERSON
17056 159TH PLACE SE
RENTON WA 98058

HAL MEYER (UNPUBLISHED ADDRESS)
215 WEST D75TH STREET
NEW YORK NY 10023-1799

MARLENE SNYDER
1020 DORSEY STREET
BEATRICE NE 68310

LINDA LEMME
136 CANDLEWOOD MOUNTAIN ROAD
NEW MILFORD CT 06776

MICKEY EDWARDS (INACTIVE)
11 DOUGLAS STREET
BELMONT MA 02178

WADE F HORN PH.D.
16049 COPEN MEADOW DRIVE
GAITHERSBURG MD 20878

MAUREEN GILL
3819 BEECH DOWN DRIVE
CHANTILLY VA 22021