

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:47

DOCUMENT # **N35553** (9)

1. Corporation Name

**ADD-UP: ASSOCIATION FOR CHILDREN, ADOLESCENTS & ADULTS WITH ATTENTION DEFICIT DISORDER, INC.**

Principal Place of Business

Mailing Address

% MARY ENDRUSCHAT  
392 GLENBROOK DR  
LANTANA FL 33462-1017

% MARY ENDRUSCHAT  
392 GLENBROOK DR  
LANTANA FL 33462-1017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/06/1989</b>	3a. Date of Last Report <b>06/24/1994</b>
4. FEI Number <b>65-0073099</b>	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.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENDRUSCHAT, MARY  
392 GLENBROOK DR  
ATLANTIS FL 33462

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, SHERRY	1.2 NAME	
STREET ADDRESS	1149 CAMPROCK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDRUSCHAT, MARY	2.2 NAME	
STREET ADDRESS	392 GLENBROOK DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LANTANA FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMIEUX, LINDA	3.2 NAME	
STREET ADDRESS	14860 ROLLING ROCK PLACE	3.3 STREET ADDRESS	12773 Guilford Circle
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	West Palm Beach, FL 33414
TITLE	PD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATTIAT, JAN	4.2 NAME	
STREET ADDRESS	C/O 4860 ROLLING ROCK PL	4.3 STREET ADDRESS	dol 12773 Guilford Circle
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	West Palm Beach, FL 33414
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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:

*Mary Endruschat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mary Endruschat

2/19/95 (407)968-7126