

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

95 APR 12 PH 12: 14

DOCUMENT # **N37161** (9)

1. Corporation Name

FRIENDS FOR AUTISTIC CHILDREN, INC.

Principal Place of Business Mailing Address
P O BOX 100 ELGIN SC 29045-0100 P O BOX 100 ELGIN SC 29045-0100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1990** 3a. Date of Last Report **02/02/1994**
4. FEI Number **11-2238052** Applied For Not Applicable

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 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ZUCKER, JULES, M.D.
16800 NW 2 AVE
N MIAMI BEACH FL 33169
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORESCHI, PAT	1 2 NAME	
STREET ADDRESS	28 WINSTON DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCA, ELSIE	2 2 NAME	
STREET ADDRESS	4792 KIRKWOOD RD	2 3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	2 4 CITY - ST - ZIP	
TITLE	SD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FILIPPO, FRANCIS	3 2 NAME	
STREET ADDRESS	9772 SW 3 ST	3 3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3 4 CITY - ST - ZIP	
TITLE	TD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, ANN	4 2 NAME	
STREET ADDRESS	4792 KIRKWOOD RD	4 3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	4 4 CITY - ST - ZIP	
TITLE	D	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, EDWARD J.	5 2 NAME	
STREET ADDRESS	4792 KIRKWOOD RD	5 3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	5 4 CITY - ST - ZIP	
TITLE	D	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELUCA, MICHAEL	6 2 NAME	
STREET ADDRESS	456 SE STARFLOWERS RD	6 3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL	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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann McCloskey* 4/5/95 803 438-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Andrea Hesse 4