

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N37161 (9)
1. Corporation Name
FRIENDS FOR AUTISTIC CHILDREN, INC.



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

3. Date Incorporated or Qualified 03/15/1990	3a. Date of Last Report 01/30/1996
--	--

2. Principal Place of Business 21 4 VERWOOD WAY Suite, Apt. #, etc. 22 BOYNTON BEACH, FL. City & State 23 33462 PALM BEACH Zip Country	2a. Mailing Address 26 4 VERWOOD WAY Suite, Apt. #, etc. 27 BOYNTON BEACH, FL. City & State 28 33462 PALM BEACH Zip Country
---	--

4. FEI Number 11-2238052	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ZUCKER, JULES, M.D.
16800 NW 2 AVE
N MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORESCHI, PAT	
STREET ADDRESS	28 WINSTON DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DELUCA, ELSIE	
STREET ADDRESS	4792 KIRKWOOD RD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE FILIPPO, FRANCIS	
STREET ADDRESS	9772 SW 3 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, ANN	
STREET ADDRESS	4792 KIRKWOOD RD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, EDWARD J.	
STREET ADDRESS	4792 KIRKWOOD RD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELUCA, MICHAEL	
STREET ADDRESS	456 SE STARFLOWERS RD	
CITY-ST-ZIP	PORT ST LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	227 SOUTH CIRCLE DRIVE
1.4 CITY-ST-ZIP	BELLEAIR, FL. 34616
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4 VERWOOD WAY
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33462
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **1/29/97** **511-919-1821**

CR2E037 (9/96)