

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37161 (9)**  
 1. Corporation Name  
**FRIENDS FOR AUTISTIC CHILDREN, INC.**



Principal Place of Business 4 VERWOOD WAY BOYNTON BEACH FL 33462 US	Mailing Address 4 VERWOOD WAY BOYNTON BEACH FL 33462 US
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3. Date Incorporated or Qualified  
**03/15/1990**

4. FEI Number  
**11-2238052**

Applied For  
 Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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

**FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORESCHI, PAT	1.2 NAME	
STREET ADDRESS	227 SOUTH CIRCLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLOSKEY, ANN	4.2 NAME	
STREET ADDRESS	4 VERWOOD WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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: **ANN MCCLOSKEY**  
*Ann McCloskey*  
 DATE: **January 5, 1998**  
 TELEPHONE: **561-968-1834**

CFR2E037 (10/97)