

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:28

DOCUMENT # N38668 (2)
1. Corporation Name
FAMILY NETWORK ON DISABILITIES OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
% STEVEN FALTER 643 SILVER CREEK DR. WINTER SPRINGS FL 32708
% STEVEN FALTER 643 SILVER CREEK DR. WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1990 3a. Date of Last Report 01/20/1994
4. FEI Number 59-3036580 Applied For Not Applicable
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. 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 PO Box 195747
22 City & State 27 WINTER SPRINGS, FL
23 Zip 24 32719-5747 Country 30

9. Name and Address of Current Registered Agent
FALTER, STEVEN
643 SILVER CREEK DR.
WINTER SPRINGS FL 32708

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 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 _____ DATE _____
Signature: Typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	DPT
NAME	FALTER, STEVEN
STREET ADDRESS	643 SILVER CREEK DR.
CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	DVP
NAME	JOHNSON, MARGO
STREET ADDRESS	915 VASSAR ST.
CITY-ST-ZIP	ORLANDO FL
TITLE	DS
NAME	WHEATLEY, BARBARA
STREET ADDRESS	1024 CREEKS BEND DR
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DORGEN SCRIBNER
3.3 STREET ADDRESS	626 BANITA ROAD
3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption ainted 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: Steven Falter STEVEN FALTER 1-16-95 407-622-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed or Printed Name)