

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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
P O BOX 195747
643 SILVER CREEK DR.
WINTER SPRINGS FL 32719-5747
US

3. Date Incorporated or Qualified **06/19/1990** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **PO BOX 195747**
22 City & State **27** Suite, Apt. #, etc.
23 City & State **28** **WINTER SPRINGS FL**
24 Zip Country **25** Zip Country **29** **32719-5747** **30** **USA**

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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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 *Steven Falter* **STEVEN FALTER** **6-7-96**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | DPT | 1.1 TITLE | T |
| NAME | FALTER, STEVEN | 1.2 NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 643 SILVER CREEK DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, MARGO | 2.2 NAME | |
| STREET ADDRESS | 915 VASSAR ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | |
| TITLE | DV | 3.1 TITLE | DP |
| NAME | SCRIBNER, DOREEN | 3.2 NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 626 BONITA ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER SPRINGS FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | DV |
| NAME | | 4.2 NAME | JALIE HOFER |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3924 PORT SIMBAR AVE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | ORLANDO, FL 32817 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 119.07(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** **6-7-96** **407-445-4600**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)