

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000906 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF REHABILITATION PROFESSIONALS IN THE PRIVATE SECTOR, INC.



Principal Place of Business

**1035 S FLORIDA AVENUE
SUITE 175
LAKELAND FL 33803
US**

Mailing Address

**CLR. ASSO
P O BOX 8738
LAKELAND FL 33806
US**

3. Date Incorporated or Qualified
02/18/1994

3a. Date of Last Report
03/21/1995

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

4. FEI Number
59-3244248

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

10. Name and Address of New Registered Agent

**PENNACHIO, GERALYN A
1035 S FLORIDA AVE
SUITE 175
LAKELAND FL 33803**

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

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 **PD** ☐ DELETE
NAME **PENNACHIO, GERALYN A**
STREET ADDRESS **1035 S FLA AVE, STE 175**
CITY-STATE-ZIP **LAKELAND FL**

11 TITLE **Pennachio, GERALYN A** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **same**
14 CITY-STATE-ZIP

TITLE **SD** ☒ DELETE
NAME **MILLS, V. B**
STREET ADDRESS **200 N WESTSHORE BLVD., STE 350**
CITY-STATE-ZIP **TAMPA FL**

21 TITLE **SD** ☐ Change ☒ Addition
22 NAME **Casper, Alyson**
23 STREET ADDRESS **301 W.W. 84 Ave.**
24 CITY-STATE-ZIP **Plantation, FL**

TITLE **DT** ☐ DELETE
NAME **CONTI, ANTHONY H**
STREET ADDRESS **1035 S FLA AVE., STE 175**
CITY-STATE-ZIP **LAKELAND FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **SELTZER, CLAUDE B**
STREET ADDRESS **7900 NORA DRIVE, STE. 201**
CITY-STATE-ZIP **FT LAUDERDALE FL**

41 TITLE **PD** ☒ Change ☐ Addition
42 NAME **Seltzer, Claude B.**
43 STREET ADDRESS **same**
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

Anthony H Conti / **Anthony H Conti, Treas. 2/6/96 (941)687-0538**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)