

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90078 041 \*\*\*\*70.00

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**DOCUMENT # 744681**

1. Corporation Name

**HABILITATION CENTER FOR THE HANDICAPPED, INC.**

77017-90078-41

Principal Place of Business

22313 BOCA RIO ROAD  
BOCA RATON FL 33433

Mailing Address

22313 BOCA RIO ROAD  
BOCA RATON FL 33433



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/24/1978

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1859543

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRIS, WILLIAM C.  
22313 BOCA RIO RD  
BOCA RATON FL 33433

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 D ☐ DELETE  
NAME FEIGL, RUTH  
STREET ADDRESS 7402 PANACHE WAY  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MORRISON, KAREN L  
STREET ADDRESS 3757 LONE PINE ROAD  
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME POMERANZ, STEVEN  
STREET ADDRESS ONE WEST CAMINO REAL BLVD., #205  
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DUNNE, JAMES M.  
STREET ADDRESS 2374 NW 29 RD  
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME WEINSTEIN JOAN  
STREET ADDRESS 11455 WISPER SOUND DR  
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE MED ☐ DELETE  
NAME FERRIS, WILLIAM  
STREET ADDRESS 22313 BOCA RIO RD  
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Ferris 1/20/99

561-483-4200

Date

Daytime Phone #

CR2E037 (11/98)