

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 700105 (0)

1. Corporation Name

ORGANIZATION FOR ASSISTANCE TO SENSORY IMPAIRED STUDENTS INCORPORATED

Principal Place of Business

3929 MAGNOLIA POINTE
ORLANDO FL 32810

Mailing Address

3929 MAGNOLIA POINTE
ORLANDO FL 32810



3. Date Incorporated or Qualified
11/02/1959

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 101 Southhall Lane

2a. Mailing Address
26 101 Southhall Lane

4. FEI Number
59-2114775

Applied For
Not Applicable

22 400

27 400

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

23 MAITLAND, FL

28 MAITLAND, FL

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

24 32751 **25 USA**

29 32751 **30 USA**

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

9. Name and Address of Current Registered Agent

HARRAH, LARRY
3929 MAGNOLIA POINTE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name JAMES N. RUDOLPH
82 Street Address (P.O. Box Number is Not Acceptable) 1836 Woodward St.
83
84 City ORLANDO **85 State FL** **86 Zip Code 32803-4295**

I, 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

James N. Rudolph

Treasurer

4/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MEMBER/DIRECTOR ☐ DELETE
NAME TETRAULT, SIMONE
STREET ADDRESS P.O. BOX 475 N/A
CITY-ST-ZIP TANGERINE FL 32777

TITLE MEMBER/DIRECTOR ☐ DELETE
NAME DUGAN, CHRIS
STREET ADDRESS 6624 ST. PARTIN
CITY-ST-ZIP ORLANDO FL 32812

TITLE SD ☒ DELETE
NAME CRAWFORD, CATHY
STREET ADDRESS 4445 W. AMELIA
CITY-ST-ZIP ORLANDO FL 32307

TITLE MEMBER/DIRECTOR ☐ DELETE
NAME HARRAH, LARRY
STREET ADDRESS 3929 MAGNOLIA POINTE 403 LAKE MARY BLVD
CITY-ST-ZIP ORLANDO FL 32810 Sanford, FL 32773-7127

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE SECRETARY ☐ Change ☒ Addition
12 NAME SANDRA R. Osborn
13 STREET ADDRESS 118 Northmar Road
14 CITY-ST-ZIP Casselberry, FL 32707

21 TITLE President ☐ Change ☒ Addition
22 NAME Bob Henderson
23 STREET ADDRESS 101 Southhall Lane, Suite 400
24 CITY-ST-ZIP MAITLAND, FL 32751

31 TITLE Jonathan K. Flint ☐ Change ☒ Addition
32 NAME 12424 Research Parkway, Suite 140
33 STREET ADDRESS ORLANDO, FL 32826
34 CITY-ST-ZIP VICE-PRESIDENT

41 TITLE TREASURER ☐ Change ☒ Addition
42 NAME JAMES N. Rudolph
43 STREET ADDRESS 1836 Woodward St.
44 CITY-ST-ZIP ORLANDO, FL 32803-4295

51 TITLE MEMBER/DIRECTOR ☐ Change ☒ Addition
52 NAME Harriett P. Brown, Esq.
53 STREET ADDRESS 445 West Amelia St
54 CITY-ST-ZIP ORLANDO, FL 32801

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b) 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 that of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James N. Rudolph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407)
Date Day

CR2E037 (12/95)