

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
Suite, Apt. #, etc. 22 400
City & State 23 MAITLAND, FL
Zip 24 32751
Country 25 USA

2a. Mailing Address
26 101 Southhall Lane
Suite, Apt. #, etc. 27 400
City & State 28 MAITLAND, FL
Zip 29 32751
Country 30 USA

4. FEI Number: 59-2114775
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

HARRAH. LARRY
3929 MAGNOLIA POINTE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: JAMES N. RUSSELL
82 Street Address (P.O. Bx Number is Not Acceptable): 1836 W Woodward St.
83
84 City: ORLANDO FL 85 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 officer 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. Russell, Treasurer Date: 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	MEMBER/DIRECTOR	<input type="checkbox"/> DELETE
NAME	TETRAULT, SIMONE	
STREET ADDRESS	P.O. BOX 475 N/A	
CITY-ST-ZIP	TANGERINE FL 32777	
TITLE	MEMBER/DIRECTOR	<input type="checkbox"/> DELETE
NAME	DUGAN, CHRIS	
STREET ADDRESS	6624 ST. PARTIN	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, CATHY	
STREET ADDRESS	4445 W. AMELIA	
CITY-ST-ZIP	ORLANDO FL 32307	
TITLE	MEMBER/DIRECTOR	<input type="checkbox"/> DELETE
NAME	HARRAH, LARRY	
STREET ADDRESS	3929 MAGNOLIA POINTE 403 LAKE MARY BLVD	
CITY-ST-ZIP	ORLANDO FL 32810 Sanford, FL 32773-7127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	SANDRA R. Osborn	
13 STREET ADDRESS	118 Northmar Road	
14 CITY-ST-ZIP	Casselberry, FL 32707	
21 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	12424 Research Parkway, Suite 140	
33 STREET ADDRESS	ORLANDO, FL 32826	
34 CITY-ST-ZIP	VICE-PRESIDENT	
41 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JAMES N. Russell	
43 STREET ADDRESS	1836 WOODWARD ST.	
44 CITY-ST-ZIP	ORLANDO, FL 32803-4295	
51 TITLE	MEMBER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Harriett P. Brown, Esq.	
53 STREET ADDRESS	445 West Amelia St	
54 CITY-ST-ZIP	ORLANDO, FL 32801	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 effect; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James N. Russell Date: 4/29/96 (407) Day

CR2E037 (12/95)