


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700105 (0)

1. Corporation Name

ORGANIZATION FOR ASSISTANCE TO SENSORY IMPAIRED  
STUDENTS INCORPORATED

Principal Place of Business

Mailing Address

101 SOUTHHALL LN  
400  
MAITLAND FL 32751  
US

101 SOUTHHALL LN.  
400  
MAITLAND FL 32751  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/02/1959

3a. Date of Last Report  
05/01/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDOLPH, JAMES N  
1836 WOODWARD ST.  
ORLANDO FL 32803

81 Name

Simone TETRAULT

82 Street Address (P.O. Box Number is Not Acceptable)

101 Southhall Lane Suite 400

83 Maitland, FL

84 City

FL

85 Zip Code

32751

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

*Simone Tetrault*

(NOTE: Registered Agent signature required when resigning)

DATE

July 31, 1997

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

*Sandy ADAMS*  
*Secy. Co. PRESIDENT s/pk*  
*118 Northmoor Road*  
*Casselberry FL 32707*

☐ Change ☐ Addition

TITLE MD ☐ DELETE  
NAME DUGAN, CHRIS  
STREET ADDRESS 6624 ST. PARTIN  
CITY-ST-ZIP ORLANDO FL

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

*TRACY MARSHALL (MD)*  
*101 Southhall Lane*  
*Maitland, FL 32751*

☐ Change ☒ Addition

TITLE VP ☐ DELETE  
NAME FLINT, JONATHAN K  
STREET ADDRESS 12424 RESEARCH PKWY., STE. 140  
CITY-ST-ZIP ORLANDO FL

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

*Ruth Philbrick (MD)*  
*101 Southhall Lane*  
*Maitland, FL 32751*

☐ Change ☒ Addition

TITLE MD ☒ DELETE  
NAME HARRAH, LARRY  
STREET ADDRESS 400 LAKE MARY BLVD.  
CITY-ST-ZIP SANFORD FL

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

☐ Change ☐ Addition

TITLE T ☐ DELETE  
NAME RUDOLPH, JAMES N  
STREET ADDRESS 1836 WOODWARD ST.  
CITY-ST-ZIP ORLANDO FL

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

☐ Change ☐ Addition

TITLE MD ☐ DELETE  
NAME BROWN, HARRIETT P ESQ.  
STREET ADDRESS 445 W. AMELIA ST.  
CITY-ST-ZIP ORLANDO FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

100002260141  
-08/07/97--01003--011

\*\*\*61.25

14. I do 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.

SIGNATURE *Simone Tetrault*

July 31, 1997

CR2E037 (4/97)