

FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90013 012 ****61.25

0014072

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 700105

1. Corporation Name

**ORGANIZATION FOR ASSISTANCE TO SENSORY IMPAIRED
 STUDENTS INCORPORATED**

Principal Place of Business

101 SOUTHBALL LN
 400
 MAITLAND FL 32751
 US

Mailing Address

101 SOUTHBALL LN.
 400
 MAITLAND FL 32751
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/02/1959

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

9. Name and Address of Current Registered Agent

TETREAUULT, SIMONE
101 SOUTHBALL LANE
SUITE 400
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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

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

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

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

TITLE **D** ☐ DELETE
 NAME **MARSHALL, TRACY**
 STREET ADDRESS **101 SOUTHBALL LANE**
 CITY-ST-ZIP **MAITLAND FL 32751**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

Date

Daytime Phone #

4-29-99 (407) 896-4931

CR2E037 (11/98)