

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  
Apr 05 1996 8:00 am  
Secretary of State

DOCUMENT # 704516 (4)  
1. Corporation Name  
CENTRAL FLORIDA SHELTERED WORKSHOP INC



Principal Place of Business  
1600 AARON AVE.  
ORLANDO FL 32811

Mailing Address  
P O BOX 1300  
APOPKA FL 32704  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1962		3a. Date of Last Report 08/02/1995	
21		26		4. FEI Number 59-1098578		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

PORTA, K  
380 SEMORAN COMMERCE PLACE  
B-204  
APOPKA FL 32704

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	SD	1.1 TITLE	D
NAME	HANNA, JANET	1.2 NAME	PINER, JOHN
STREET ADDRESS	4109 PLAYER CIR	1.3 STREET ADDRESS	1214 W. JEFFERSON STREET
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	ORLANDO FL
TITLE	VD	2.1 TITLE	SD
NAME	BOYKIN, KATHY	2.2 NAME	KOBIN, TODD
STREET ADDRESS	4835 DARWOOD DRIVE	2.3 STREET ADDRESS	2 S ORANGE AVE
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	ORLANDO FL
TITLE	TD	3.1 TITLE	D
NAME	FOX, EDWIN R	3.2 NAME	JOSEPHS, GENE
STREET ADDRESS	7832 COWAN CT	3.3 STREET ADDRESS	200 BEECH TREE LANE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	LONGWOOD FL
TITLE	D	4.1 TITLE	TD
NAME	PEADEN, GERALD R	4.2 NAME	O'DONNELL, JIM
STREET ADDRESS	6601 ABEYDON CT.	4.3 STREET ADDRESS	1214 PARK NORTH PLACE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	WINTER PARK FL.
TITLE	VD	5.1 TITLE	D
NAME	BECHT, SHERIDAN	5.2 NAME	
STREET ADDRESS	1724 LAKE WAUMPI	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	D
NAME	RALEIGH, THOMAS L. III	6.2 NAME	
STREET ADDRESS	576 IVANHOE PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 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)(k), 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:

*M. Kate Porta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 889-4530  
Date Daytime Phone #

CR2E037 (12/95)