FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 JUN 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **704516**

1. Corporation Name
CENTRAL FLORIDA SHELTERED WORKSHOP INC

Principal Place of Business	Mailing Address
1600 AARON AVE. ORLANDO FL 32811	P O BOX 1300 APOPKA FL 32704 US

4/20/99 90111 030 $70.00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/13/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1098578 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip 24 / Country 25 USA	Zip 29 / Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: Porta K c/o Life Concepts, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 380 Semoran Commerce Place
83: B-204
84 City: Apopka FL 85 Zip Code: 32704

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REED, STANTON 1940 AYRSHIER PLACE OVIEDO FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SD GOODWIN, KENNETH 2211 HILLCREST ST. ORLANDO, FL 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TEMMEN, LESLIE 500 S ORANGE AVE ORLANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAGLIA, VIC 3000 W. ORANGE AVE APOPKA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD PALUZSAK, KARL 201 E. PINE ST., STE. 201 ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOSEPHS, GENE 200 BEECHTREE LANE LONGWOOD FL 32779	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUROSEY, RICHARD 111 N ORANGE AVE ORLANDO FL 32802	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DuRose	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: M. Katie Porta M. Katie Porta 4-2-99 407-889-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Quest inc.
people exceeding expectations

6-30-99

Dear Kristen,

As per our conversation, I've added the company name to #10 for clarification. The Registered Agent has not changed from PORTA, K., as noted on the bottom of the application, her true signature is M. Katie Porta. If you have any questions, please call me at 407-889-4530.

Thanks,

Denise Robertson

P.O. Box 1300, Apopka, FL 32704, 380 Semoran Commerce Place B-204 • phone 407-889-4530 • fax 407-889-5710
APOPKA • ORLANDO • TAMPA