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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 707086

(5)

| THE | RUSSELL | HOME FO | R ATYPICAL | CHILDREN |
|------|---------|-------------|------------|-------------|
| 4111 | HUUULLL | TIVITIL I V | | VIIILVIILII |

| Principal Place of Business Mailing Address | | | | | | | OTHE MENEL BERNI | #1011 B18// | A: 011 A1811 1881 |
|---|---|---|--------------------------|----------------------------------|----------------|--|---------------------------|-----------------|--|
| C/O RUSSELL. J. S. 510 HOLDEN AVENUE | | C/O RUSSELL. J. S. 510 HOLDEN AVENUE | | | | | | | |
| orlando fl | 32839-2051 | ORLANDO FL 32839-200 | 51 | | | 3. Date Incorporated or Qualified | 3a. Dat | e of Last | Report |
| | | | | | | 03/31/1964 | (| <u>)2/17/19</u> | 995 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | - t | Applied For |
| 21 | | 26 | | 59-1051408 | | | Vot Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | 6. Election Campaign Financing | | | May Be | | |
| 23 | | 28 | | Trust Fund Contribution | | | d to Fees | | |
| Zip | Country | Zip | Coul | ntry | | This corporation has liability for in Florida Statutes | itangible ta:] Yes [] | | 199.032, |
| 24 | 9 Name and Address of Current | 29 | 30 | | | 10. Name and Address of New Re | | | |
| | g. Name and Address of Current | r neglistered Agent | | 81 Na | me | 10. 110 | | | |
| | | | | | | | | | |
| | JR,CHARLES J | | | 82 St | reet Addr | ess (P.O. Box Number is Not Acceptable | e) | | |
| | OBINSON ST., STE 307 | | | 83 | | | | | |
| ORLAND | O FL 32801 | | | | | | | | |
| | | | | 84 Ci | ty | | FL | 85 Zip | o Code |
| 11 Pursuant t | o the provisions of Sections 617.0502 | and 617.1508. Florida Statut | tes, the abo | ve-name | ed corpor | ation submits this statement for the purp | ose of cha | nging its r | egistered office |
| or register | ed agent, or both, in the State of Florid th, and accept the obligations of, Secti | ia. Such change was authoriz | zed by the c | corporati | on's boar | rd of directors. I hereby accept the appo | intment as | registered | agent. I am |
| | th, and accept the obligations of, Section | UITOT7.0000, FIORIDA STATUTES | 3, | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent | and title if applicable. (NO | DTE: Registered | Agent sign | ature required | d when reinstatingi | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTO | PRS IN 12 |
| TITLE | PD | DELETE | 1.1 70 | TuE | | | C | Change | ☐ Addition |
| NAME | RUSSELL MRS,J S | | 1,2 N/ | AME | | | | | |
| STREET ADDRESS | 510 HOLDEN AVE. | | 1.3 \$1 | reet adol | RESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | D | DELETE | | 21 TITLE | | | Ĺ | Change | ☐ Addition |
| NAME | STARR MRS,ROY | | 2 2 NAME | | | | | | |
| STREET ADDRESS | 1230 IVANHOE BLVD. | | 2351 | 2 3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL | 00 FL | | 2.4 CITY-ST-ZIP | | | | | —————————————————————————————————————— |
| TITLE | SD | DELETE | 3.1 TI | TUE | | | L | Change | Addition |
| NAME | COLLINS, CHARLES J., JR. | | 3.2 N | | | | | | |
| STREET ADDRESS | 105 E ROBINSON #307 | | | TREET ADD | · · · · | | | | |
| CITY-ST-ZIP | ORLANDO FL | Finciere | | ITY-ST-ZI | P | | | Change | Addition |
| TITLE | D | DELETE | 4.1 TI | | | | ' | onenge | |
| NAME | YIELDING, O. B. | | 4. 2 N | | 0000 | | | | |
| STREET ADDRESS | 699 DUNBLANE DR. | | 1 | TREET ADD | - 1 | | | | |
| CITY-ST-ZIP TITLE | WINTER PARK FL | DELETE | 4.4 C | <u> TY - ST - ZII</u> TI F | | | | Change | Addition |
| NAME | D | | 52 N | | | | | | |
| STREET ADORESS | KRAUSE, DAVE | | | TAEET ADD | RESS | | | | |
| CITY-ST-ZIP | 615 EAST PRINCETON | | | MY-ST-ZI | | | | | |
| TITLE | ORLANDO FL | DELETE | 6.1 TI | | | | | Change | Addition |
| NAME | D DEPLIAND D | | 6.2 N | | | | | | |
| STREET ADDRESS | MACKELL, BERNARD B. 10321 KINGBROOK LANE | | | TREE1 ADD | RESS | | | | |
| CITY-ST-7IP | ODLANDO EL | | 6.4 C | 17Y - ST - ZI | P | | | | |
| 14 Lda borok | ou partifuthat the information cumulical : | with this filing is voluntarily fur | mished and | does no | at conalify t | for the exemption stated in Section 119. | 07(3)(k), Flo | rida Statu | tes. I further |
| certify that | st the information indicated on this appl | ual report or supplemental an oration or the receiver or trust | nual report ee empowe | ic triia a | nd accura | ate and that my signature shall have the is report as required by Chapter 617, Fl | same legal | errect as i | r made under |

Date Daytime Phone #