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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707086

1. Corporation Name

THE RUSSELL HOME FOR ATYPICAL CHILDREN

Principal Place of Business

C/O RUSSELL, J. S.
510 W. HOLDEN AVENUE
ORLANDO FL 32839-2051

Mailing Address

C/O RUSSELL, J. S.
510 W. HOLDEN AVENUE
ORLANDO FL 32839-2051



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/31/1964 4. FEI Number 59-1051408 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

COLLINS, JR, CHARLES J
105 E. ROBINSON ST., STE 307
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, MRS. J. S.	1.2 NAME	
STREET ADDRESS	510 HOLDEN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SETZER, DAVE	2.2 NAME	
STREET ADDRESS	657 VIA MILANO	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, CHARLES J., JR.	3.2 NAME	
STREET ADDRESS	105 E ROBINSON #307	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HUCKEBA, JOHN	4.2 NAME	
STREET ADDRESS	1529 IOWA PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KRAUSE, DAVE	5.2 NAME	
STREET ADDRESS	970 MOJAVE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MACKELL, BERNARD B.	6.2 NAME	
STREET ADDRESS	10321 KINGBROOK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: *Mrs. J. S. Russell* MRS. J. S. RUSSELL-PD

(407) 855-8063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)