2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90013 036 ****61.25

DOCUMENT # 707086

1. Entity Name
THE RUSSELL HOME FOR ATYPICAL CHILDREN

Principal Place of Business	Mailing Address
C/O RUSSELL, J. S. 510 W. HOLDEN AVENUE ORLANDO, FL 32839-2051	C/O RUSSELL, J. S. 510 W. HOLDEN AVENUE ORLANDO, FL 32839-2051

02252004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1051408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAREAU, STEPHEN R 1132 EAST SEMORAN BOULEVARD APOPKA, FL 32703	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSSELL MRS,J S 510 HOLDEN AVE. ORLANDO, FL	☑ Delete	PD NIXON, JANET 510 HOLDEN AVE ORLANDO FL 32839	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAZIO, RICKI B 1837 CLARIDGE CT MAITLAND, FL 32751	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUCKEBA, JOHN 1529 IOWA PL ORLANDO, FL 32803	☐ Delete	Treasurer	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAUSE, DAVE 970 MOJAVE TRAIL MAITLAND, FL 32751	☐ Delete	VP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHMOND, LINDA 8217 HELENA DR ORLANDO, FL 32817	☑ Delete	D RICHMOND, DAVID 8217 HELENA DR. ORLANDO, FL 32817	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Nixon 2-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#

SIGN HERE