2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

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

04172006 No Chg-NP CR2E037 (11/05)

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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

LAREAU, STEPHEN R
1132 EAST SEMORAN BOULEVARD
APOPKA, FL 32703

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NIXON, JANET
STREET ADDRESS	510 HOLDEN AVE.
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	HUCKEBA, JOHN
STREET ADDRESS	1529 IOWA PL
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP
NAME	KRAUSE, DAVE
STREET ADDRESS	970 MOJAVE TRAIL
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	RICHMOND, DAVID
STREET ADDRESS	6217 HELENA DR
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	S
NAME	VANTREASE, BLAIR
STREET ADDRESS	495 N. KELLARN RD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/06-80059-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #