


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 029 ****70.00

DOCUMENT # 707086 1. Entity 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
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1051408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NIXON, JANET 510 HOLDEN AVE. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUCKEBA, JOHN 1529 IOWA PL ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRAUSE, DAVE 970 MOJAVE TRAIL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHMOND, DAVID 8217 HELENA DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VANTREASE, BLAIR 495 N. KELLARN RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Janet Nixon 2-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #