

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1051408

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD ☐ Delete
NAME NIXON, JANET
STREET ADDRESS 510 HOLDEN AVE.
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ Delete
NAME HUCKEBA, JOHN
STREET ADDRESS 1529 IOWA PL
CITY-ST-ZIP ORLANDO FL 32803

TITLE VP ☐ Delete
NAME KRAUSE, DAVE
STREET ADDRESS 970 MOJAVE TRAIL
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Delete
NAME HENDRIX, CHARLIE
STREET ADDRESS 1248 PINE HARBOR PT
CITY-ST-ZIP ORLANDO FL 32806

TITLE S ☐ Delete
NAME VANTREASE, BLAIR
STREET ADDRESS 495 N. KELLARN RD
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000813338
CITY-ST-ZIP 02/12/08-80084-021 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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*

2-1-08