2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 707086

Entity Name: THE RUSSELL HOME FOR ATYPICAL CHILDREN

Current Principal Place of Business:

C/O RUSSELL, J. S.
510 W. HOLDEN AVENUE
ORLANDO, FL 328392051

New Principal Place of Business:

C/O JANET R NIXON
510 W. HOLDEN AVENUE
ORLANDO, FL 328392051

Current Mailing Address:

C/O RUSSELL, J. S.
510 W. HOLDEN AVENUE
ORLANDO, FL 328392051

New Mailing Address:

C/O JANET R NIXON
510 W. HOLDEN AVENUE
ORLANDO, FL 328392051

FEI Number: 59-1051408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NIXON, JANET
Address: 510 HOLDEN AVE.
City-St-Zip: ORLANDO, FL

Title: T ( ) Delete
Name: HUCKEBA, JOHN
Address: 1529 IOWA PL
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete
Name: KRAUSE, DAVE
Address: 970 MOJAVE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: HENDRIX, CHARLIE
Address: 1248 PINE HARBOR PT
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) Delete
Name: VANTREASE, BLAIR
Address: 495 N. KELLARN RD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET R NIXON PD 04/08/2009
Electronic Signature of Signing Officer or Director — Date