FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 12:21

DOCUMENT # 711630 (4)

1. Corporation Name

CEREBRAL PALSY ADULT HOME, INCORPORATED

Principal Place of Business	Mailing Address
1405 NORTHWEST 10TH STREET DANIA FL 33004	1405 NORTHWEST 10TH STREET DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1966
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1161328 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SINDIC, FLORENCE
250 SE 8TH TERRACE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	INGALLS, BRIAN E.	12 NAME	
STREET ADDRESS	301 E. LAS OLAS BLVD.	13 STREET ADDRESS	1901 West Cypress Creek Rd., Suite 415
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HASIS, TALLE	22 NAME	
STREET ADDRESS	4081 N. FEDERAL HIGHWAY	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SINDIC, FLORENCE	32 NAME	000001438550
STREET ADDRESS	250 S.E. 8TH TERR.	33 STREET ADDRESS	-03/24/95--01015--040
CITY-ST-ZIP	DEERFIELD BCH. FL	34 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	RS	41 TITLE	☐ Change ☐ Addition
NAME	SHERK, JUDY	42 NAME	
STREET ADDRESS	2425 S W 8TH COURT	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	VD ☐ Change ☒ Addition
NAME		52 NAME	Lloyd, Robert
STREET ADDRESS		53 STREET ADDRESS	1373 S.W. 28th Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	893
STREET ADDRESS		63 STREET ADDRESS	3/21/95
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence Sindic 2/17/95 305-428-2930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FLORENCE SINDIC