

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711630 (4)

1. Corporation Name

CEREBRAL PALSY ADULT HOME, INCORPORATED

Principal Place of Business

Mailing Address

1405 NORTHWEST 10TH STREET
DANIA FL 33004

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DANIA FL 33004



3. Date Incorporated or Qualified

10/14/1966

3a. Date of Last Report

03/21/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME INGALLS, BRIAN E.
STREET ADDRESS 1901 WEST CYPRESS CREEK RD., SUITE 415
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ DELETE

TITLE PD
NAME HASIS, TALLE
STREET ADDRESS 4081 N. FEDERAL HIGHWAY
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE STD
NAME SINDIC, FLORENCE
STREET ADDRESS 250 S.E. 8TH TERR.
CITY-ST-ZIP DEERFIELD BCH. FL ☐ DELETE

TITLE RS
NAME SHERK, JUDY
STREET ADDRESS 2425 S W 8TH COURT
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

TITLE VD
NAME LLOYD, ROBERT
STREET ADDRESS 1373 S.W. 28TH AVE.
CITY-ST-ZIP DEERFIELD BCH., FL 33442 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENCE SINDIC

Florence Sindic 3/29/96

Date

Daytime Phone

CR2E037 (12/95)