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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:37

DOCUMENT # 713986 (8)

1. Corporation Name
FLORIDA SOCIETY FOR CHILDREN AND ADULTS WITH DIS ABILITIES, INC.

Principal Place of Business	Mailing Address
7671 U.S. HWY. 19 PINELLAS PARK FL 34665	7671 U.S. HWY. 19 PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1968
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-0774198 ☐ 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)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

ORSINI, ANDREW A
7671 U S HIGHWAY 19
PINELLAS PARK FL 34665

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 607.1509, 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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HALL, WANDA R.	1.2 NAME		
STREET ADDRESS	11500 9TH STREET NORTH, STE 100	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BERRY, MICHAEL C.	2.2 NAME	Ierna, Randall K.	
STREET ADDRESS	28100 U.S. HWY. 19, STE. 405	2.3 STREET ADDRESS	150 Pinellas Bayway	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Tierra Verde, Fl.	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	RUTAN, RICHARD J	3.2 NAME		
STREET ADDRESS	1409 49TH AVE NE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD Pro Tem	☒ Change ☐ Addition
NAME	SEABORN, MARTHA	4.2 NAME	Rutan, Richard J.	
STREET ADDRESS	2443 66TH TERRACE SOUTH	4.3 STREET ADDRESS	1409 29th Avenue N. E.	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, Fl.	
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	NOBLES, KAREN D.	5.2 NAME	Thompson, Dennis L.	
STREET ADDRESS	2026 12TH STREET SOUTH	5.3 STREET ADDRESS	8101 Riverside Drive N. E.	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, Fl.	
TITLE	D	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	BERKOWITZ, JOSEPH L.	6.2 NAME	Berkowitz, Joseph L.	
STREET ADDRESS	4859 34TH STREET NORTH	6.3 STREET ADDRESS	4950 34th Street North	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg, Fl.	

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: Dennis L. Thompson 3/14/1995 813/577-6711
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED PERSON OR DIRECTOR — Date — Daytime Phone #
Dennis L. Thompson, Treasurer

0007760

Florida Society for Children and Adults with Disabilities, Inc.
Florida Society Rehabilitation Center
7671 U. S. Highway 19
Pinellas Park, Florida 34665

13. Names and Street Addresses of (3) other Directors (1994 - 1995)

Name	Title	Address
Helen B. Rhodes	D	1901 Tyrone Blvd. North, St. Petersburg, Fl.
Alice L. Cushman	D	696 First Avenue North, St. Petersburg, Fl.
Elizabeth J. Cook	D	3761 Whiting Dr. S. E., St. Petersburg, Fl.