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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713986 (8)

1. Corporation Name

FLORIDA SOCIETY FOR CHILDREN AND ADULTS WITH DISABILITIES, INC.

Principal Place of Business

Mailing Address

7671 U.S. HWY. 19
PINELLAS PARK FL 04665 - 337817671 U.S. HWY. 19
PINELLAS PARK FL 33781-27503. Date Incorporated or Qualified
01/22/19683a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-0774198Applied 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORSINI, ANDREW A
7671 U S HIGHWAY 19
PINELLAS PARK FL 34665- 33781-2750

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
NAME
HALL, WANDA R.
STREET ADDRESS
2530 DREW ST
CITY-ST-ZIP
CLEARWATER FL☐ DELETETITLE
NAME
VD
IERNA, RANDALL K.
STREET ADDRESS
150 PINELLAS BAYWAY
CITY-ST-ZIP
TIERRA VERDE FL☐ DELETETITLE
NAME
TDSD
THOMPSON, DENNIS L.
STREET ADDRESS
8101 NE RIVERSIDE DR
CITY-ST-ZIP
ST. PETERSBURG FL☐ DELETETITLE
NAME
TD
BERKOWITZ, JOSEPH L.
STREET ADDRESS
4950 N 34TH ST
CITY-ST-ZIP
ST. PETERSBURG FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

14. I do hereby certify that the information supplied with this filing 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, Treasurer

3/13/97

Date

813/577-6711

Daytime Phone # 0052188

CR2E037 (9/96)