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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34665 **33781-2750**

7671 U.S. HWY. 19
PINELLAS PARK FL 34665 **33781-2750**



3. Date Incorporated or Qualified

01/22/1968

4. FEI Number

59-0774198

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

N/A

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALL, WANDA R.	
STREET ADDRESS	2530 DREW ST	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	IERNA, RANDALL K.	
STREET ADDRESS	150 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRA VERDE FL	

TITLE	TDSD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DENNIS L.	
STREET ADDRESS	8101 NE RIVERSIDE DR	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, JOSEPH L.	
STREET ADDRESS	4950 34TH ST NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33714	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RHODES, HELEN B	
STREET ADDRESS	1901 TYRONE BLVD NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINFELD, IDA	
STREET ADDRESS	6500 SUNSET WAY, APT. 521A	
CITY-ST-ZIP	ST. PETERSBURG FL 33706	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUNN, WANDA R. HALL	
1.3 STREET ADDRESS	2530 DREW ST.	
1.4 CITY-ST-ZIP	CLEARWATER, FL. 34625	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **WANDA R. HALL**

1/22/98 • 813/527-7373

CR2E037 (10/97)