

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718399 (9)

1. Corporation Name

PARENTS & FRIENDS OF THE RETARDED OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1800 WEBER ST
P.O. BOX 53-6194
ORLANDO FL 328031900 WEBER ST
P.O. BOX 53-6194
ORLANDO FL 32803-33693. Date Incorporated or Qualified
04/27/19703a. Date of Last Report
05/16/1996

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

SYRING, LAVERNE
8212 CASCADE OAKS DR
ORLANDO FL 32822

81 Name

EDITH BORT

82 Street Address (P.O. Box Number is Not Acceptable)

10301 ARBOR RIDGE TRAIL

83

84 City

ORLANDO

FL

85 Zip Code

32817

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

Edith Bort - EDITH BORT

02/03/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BETANCOURT, NELSON	6269 WHISPERING WAY	ORLANDO FL	<input type="checkbox"/>
T	BORT, EDITH	10301 ARBOR RIDGE TRAIL	ORLANDO FL	<input type="checkbox"/>
SR	CASON, ALLEAN	827 BETHANA DR	ORLANDO FL	<input checked="" type="checkbox"/>
V	LAMONT, HELEN	2021 MOHICAN TR	MAITLAND FL	<input checked="" type="checkbox"/>
D	PATTERSON, ROBERT	2504 RAEFORD RD.	ORLANDO FL	<input checked="" type="checkbox"/>
D	RICHARDS, LILLIAN	2003 MORNING DR.	ORLANDO FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

RECORDING SECRETARY
ADELE PECKHOLT
2526 DANFORD DR.
ORLANDO FL 32816VICE-PRESIDENT
CARL LOFTIS
6030 GAMBLE DR
ORLANDO FL 32809MARY ANN BUEHNER
304 FAIRWAY POINTE CIR
ORLANDO FL 32828HELEN LAMONT
2021 MOHICAN TRAIL
MAITLAND FL 32751

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016391

Edith Bort - EDITH BORT

02/03/97 306-6219

CR2E037 (9/96)