

FILE NOW: FILING FEE IS \$61.25

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Feb 18 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 # **718399** (9)

1. Corporation Name

**PARENTS & FRIENDS OF THE RETARDED OF CENTRAL FLO
RIDA, INC.**



Principal Place of Business 1900 WEBER ST P.O. BOX 53-6194 ORLANDO FL 32803	Mailing Address 1900 WEBER ST P.O. BOX 53-6194 ORLANDO FL 32803
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3. Date Incorporated or Qualified 04/27/1970
4. FEI Number 23-7366832
Applied For Not Applicable

2. Principal Place of Business 21 P.O. BOX 53-6194 Suite, Apt. #, etc. 22 City & State 23 Orlando, Fl. Zip 24 32853	2a. Mailing Address 26 P.O. BOX 53-6194 Suite, Apt. #, etc. 27 City & State 28 Orlando, Fl. Zip 29 32853
Country 25 usa	Country 30 USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent BORT, EDITH 10301 ARBOR RIDGE TRAIL ORLANDO FL 32817
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10. Name and Address of New Registered Agent 81 Name Robert G. Patterson 82 Street Address (P.O. Box Number is Not Acceptable) 2504 Raeferd Road 83 84 City Orlando, Fl. FL 85 Zip Code 32806

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 <i>Robert G. Patterson</i> 2/13/98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANCOURT, NELSON <input checked="" type="checkbox"/> DELETE 8269 WHISPERING WAY ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORT, EDITH <input checked="" type="checkbox"/> DELETE 10301 ARBOR RIDGE TRAIL ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR PECKHOLDT, ADELE <input type="checkbox"/> DELETE 2526 DONETAIL DR OCOFEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMONT, HELEN <input type="checkbox"/> DELETE 2021 MOHICAN TR MAITLAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOFTIS, EARL <input checked="" type="checkbox"/> DELETE 6030 GAMBLE DR ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHBINDER, MARY ANN <input checked="" type="checkbox"/> DELETE 304 FAIRWAY POINTE CR ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Loftis, Earl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6030 Gamble Drive Orlando, Fl. 32808
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Patterson, Robert G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2504 Raeferd Road Orlando, Fl. 32806
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32761
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32751
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP Buchbinder, Mary Ann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 304 Fairway Pointe Circle Orlando, Fl. 32808
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Betancourt, Nelson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4913 Barcelona Street Orlando, Fl. 32807

14. I 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.
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SIGNATURE: Robert G. Patterson <i>Robert G. Patterson</i> 2-2-98 407-896-2008

CP2E037 (10/97)

Parents & Friends of the Retarded of Central Florida, Inc.

D
Clausen, Mary
1024 Sunwood Lane
Orlando, Fl. 32807

X Change