

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90077 045 ****61.25

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DOCUMENT # 718399

1. Corporation Name

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

Principal Place of Business

32853 53-6194
P.O. BOX 53-6194
ORLANDO FL 32803
US

Mailing Address

P.O. BOX 53-6194
ORLANDO FL 32853
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified
04/27/1970

4. FEI Number
23-7366832

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

9. Name and Address of Current Registered Agent

**PATTERSON, ROBERT C.
2504 RAEFORD ROAD
ORLANDO FL 32806**

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 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 ☒ DELETE
NAME **P**
STREET ADDRESS **LOFTIS, EARL**
CITY-ST-ZIP **6030 GAMBLE DRIVE**
ORLANDO FL 32808

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **PATTERSON, ROBERT G.**
CITY-ST-ZIP **2504 RAEFORD ROAD**
ORLANDO FL 32806

TITLE ☐ DELETE
NAME **SR**
STREET ADDRESS **PECKHOLDT, ADELE**
CITY-ST-ZIP **2526 DONETAIL DR**
OCOE FL 32761

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LAMONT, HELEN**
CITY-ST-ZIP **2021 MOHICAN TR**
MAITLAND FL 32751

TITLE ☒ DELETE
NAME **VP**
STREET ADDRESS **BUCHBINDER, MARY ANN**
CITY-ST-ZIP **304 FAIRWAY POINTE CIRCLE**
ORLANDO FL 32808

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BETANCOURT, NELSON**
CITY-ST-ZIP **4913 BARCELONA STREET**
ORLANDO FL 32807

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **Buchbinder, Mary Ann**
1.4 CITY-ST-ZIP **304 Fairway Pointe Circle**
Orlando, Fl. 32808

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S/D**
4.3 STREET ADDRESS **Lamont, Helen**
4.4 CITY-ST-ZIP **2021 Mohican Trail**
Maitland, Fl. 32751

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VP**
5.3 STREET ADDRESS **Lofano, Joseph**
5.4 CITY-ST-ZIP **193 Heron Bay Circle**
Lake Mary, Fl. 32746

6.1 TITLE ☐ Change ☐ 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)(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, with all other like empowered.

SIGNATURE: **Robert G. Patterson** 1-25-99 407-896-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)