

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY 23 PM 1:06

**DOCUMENT # 723113 (7)**

**1. Corporation Name  
FLORIDA ASSOCIATION FOR CHILDREN AND ADULTS WITH  
LEARNING DISABILITIES, INC.**

**Principal Place of Business Mailing Address**  
331 E. HENRY STREET 331 E. HENRY STREET  
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/11/1972</b>	3a. Date of Last Report <b>03/16/1994</b>
4. FEI Number <b>23-7190632</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**9. Name and Address of Current Registered Agent**

**KRON, CHERYL  
331 E. HENRY STREET  
PUNTA GORDA FL 33950**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE: *Cheryl Kron* 1-26-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, ARNOLD "D" 6305 EUREKA SPRINGS RD TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOUCHERS, DORCAS "D" 3298 SE GOLDEN GATE AVENUE STUART FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILCHRIST, SISTER MARY 4171 FRUITVILLE ROAD SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSWORTH, JOHN "D" 39650 US 19 N UNIT 914 TARPON SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBS, HOWARD 4238 MAGNOLIA ST PALM BCH GARDENS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAVEL, CAROLYN "D" 1229 BRYN MAWR ORLANDO FL 32804

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VP Gilchrist, Mary Sister "D" 4171 Fruitville Rd. Sarasota, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VP Chapters Debra McKay "D" 408 NW 31 St. Bradenton, FL 34205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	VP Info. Levi, Kathy "D" 21410 Highland Lakes Blvd. N. Miami Bch., FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, changed or on an addition with an address.

SIGNATURE: X *Arnold L. Stark, Ph.D.* Arnold L. Stark, Ph.D. 4/10/95 (813)654-4198  
Signature and typed or printed name of signing officer or director (Date) (Signature) (Phone #)