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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
PUNTA GORDA FL 33950**

**331 E. HENRY STREET
PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified

04/11/1972

3a. Date of Last Report

05/23/1995

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

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

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 NAME STREET ADDRESS CITY-STATE-ZIP

**PD
STARK, ARNOLD
6305 EUREKA SPRINGS RD
TAMPA FL 33610**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VPD
GILCHRIST, MARY SISTER
4171 FRUITVILLE RD
SARASOTA FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VPD
MCKAY, DEBRA
408 NW 31ST ST
BRADENTON FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**T
BOSWORTH, JOHN
39650 US 19 N UNIT 914
TARPON SPRINGS FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VPD
LEVI, KATHY
21410 HIGHLANDS LAKES BLVD
N MIAMI BEACH FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VP
TAVEL, CAROLYN
1229 BRYN MAWR
ORLANDO FL 32804**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

**PD
Gilchrist, Mary Sister
2911 Bee Ridge Rd.
Sarasota, FL 34239**

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

**VPD
Haller, Mary Cathryn
415 51 St. NW
Bradenton, FL 34209**

☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ Change ☐ 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 119.07(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 if changed, or on an attachment with an address.

Sister M. Gilchrist Cottrell, JND

SIGNATURE: *Sister M. Gilchrist Cottrell, JND*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96
DATE

941-927-0292
DAYTIME PHONE #

CR2E037 (12/95)