

FILE NOW: FILING FEE IS \$61.25

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: **331 E. HENRY STREET PUNTA GORDA FL 33950**
Mailing Address: **331 E. HENRY STREET PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **04/11/1972**
3a. Date of Last Report: **05/23/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	23-7190632	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26. Country	30. Country		

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	
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 registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, ARNOLD	1.2 NAME	Gilchrist, Mary Sister
STREET ADDRESS	6305 EUREKA SPRINGS RD	1.3 STREET ADDRESS	2911 Bee Ridge Rd.
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	Sarasota, FL 34239
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILCHRIST, MARY SISTER	2.2 NAME	Haller, Mary Cathryn
STREET ADDRESS	4171 FRUITVILLE RD	2.3 STREET ADDRESS	415 51 St. NW
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DEBRA	3.2 NAME	
STREET ADDRESS	408 NW 31ST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSWORTH, JOHN	4.2 NAME	
STREET ADDRESS	39650 US 19 N UNIT 914	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVI, KATHY	5.2 NAME	
STREET ADDRESS	21410 HIGHLANDS LAKES BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAVEL, CAROLYN	6.2 NAME	
STREET ADDRESS	1229 BRYN MAWR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	6.4 CITY-ST-ZIP	

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, SND

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

2/5/96
Date

941-927-0292
Date of Phone #

CR2E037 (12/95)