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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 MAR 12 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731145 (9)**
1. Corporation Name
THE DICK HOWSER CENTER FOR CEREBRAL PALSY, INC.



Principal Place of Business: 240 MABRY ST. TALLAHASSEE FL 32304-3815
Mailing Address: 240 MABRY ST. TALLAHASSEE FL 32304-3815

3. Date Incorporated or Qualified: 10/18/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-1553555
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: EAGEN, CAROLYN, RT 1, BOX 520, SOPCHOPPY FL 32358
10. Name and Address of New Registered Agent (81-85) fields.

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 617.0502, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|--|--|
| TITLE: PD NAME: CHUMBLER, BRENT STREET ADDRESS: PO BOX 5257 N/A CITY-ST-ZIP: TALLAHASSEE FL 32301 | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD NAME: DUNBAR, SUSAN STREET ADDRESS: 4811 HIGHGROVE RD. CITY-ST-ZIP: TALLAHASSEE FL 32308 | <input type="checkbox"/> DELETE | 2.1 TITLE: D Vice Pres 2.2 NAME: KEITH ROBERTS 2.3 STREET ADDRESS: 4217 BEN BLVD 2.4 CITY-ST-ZIP: TALLAHASSEE, FL 32303 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: WILLIAMS, LINDA STREET ADDRESS: 4781 WILLIAMS RD. CITY-ST-ZIP: TALLAHASSEE FL 32311 | <input type="checkbox"/> DELETE | 3.1 TITLE: D TREASURER 3.2 NAME: MICHAEL DONALDSON 3.3 STREET ADDRESS: P.O. BOX 190 3.4 CITY-ST-ZIP: TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition N/A |
| TITLE: SD NAME: WEITH, ROBERTS STREET ADDRESS: 4217 BEN BLVD. CITY-ST-ZIP: TALLAHASSEE FL 32303 | <input type="checkbox"/> DELETE | 4.1 TITLE: D SECRETARY 4.2 NAME: KEN EASLEY 4.3 STREET ADDRESS: 6036 BOYNTON HOMESTEAD 4.4 CITY-ST-ZIP: TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> DELETE | 5.1 TITLE: D 5.2 NAME: CATHY AUDD 5.3 STREET ADDRESS: 126 KIRKLAND DR. 5.4 CITY-ST-ZIP: CRAWFORDVILLE, FL 32327. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank] | <input type="checkbox"/> DELETE | 6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank] | <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 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.

SIGNATURE: *Brent A Chumblor* 1-31-96 561-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

SP 3/12/96