

# 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 # 741946 (8)**  
1. Corporation Name  
**RETINITIS PIGMENTOSA FOUNDATION, CENTRAL FLORIDA  
CHAPTER, INC.**



Principal Place of Business  
**201 RIVERVIEW DR.  
LONGWOOD FL 32779-2147**

Mailing Address  
**201 RIVERVIEW DR.  
LONGWOOD FL 32779-2147**

3. Date Incorporated or Qualified **03/10/1978** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1882972</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Zip		30. Zip					

## 9. Name and Address of Current Registered Agent

**CHATLOS, WILLIAM  
201 RIVERVIEW DR.  
LONGWOOD FL 32750**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHOONOVER, BRENDA</b>	12 NAME	<b>DAN SPOONLE</b>
STREET ADDRESS	<b>110 STONE POST ROAD</b>	13 STREET ADDRESS	<b>10332 YORKMERE CT.</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>	14 CITY - ST - ZIP	<b>ORLANDO, FL 32817</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHATLOS, BILL</b>	22 NAME	
STREET ADDRESS	<b>201 RIVERVIEW DRIVE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD, FL 00000</b>	24 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	31 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, JED</b>	32 NAME	
STREET ADDRESS	<b>200 CROOKED OAK COURT</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	34 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	41 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAY, DAN</b>	42 NAME	
STREET ADDRESS	<b>494 WIND MEADOWS</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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.

## SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jed Berman* Secretary

Date

**2/13/96**

Daytime Phone #

**407/644-4673**

CR2E037 (12/95)