

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751854 (1)

1. Corporation Name

FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.

Principal Place of Business

Mailing Address

1222 ORANGE AVENUE
WINTER PARK FL 32789
US

P.O. BOX 560115
ORLANDO FL 32806
US



2. Principal Place of Business

2a. Mailing Address

21 13810 MILL COVE CIR

26 P.O. Box 273707

3. Date Incorporated or Qualified

04/02/1980

3a. Date of Last Report

05/22/1995

4. FEI Number

59-2957068

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

24 Zip 33624

25 Country USA

29 Zip 33688

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANTON, HUGH J
1222 ORANGE AVENUE
WINTER PARK FL 32789

81 Name

WADE BADER

82 Street Address (P.O. Box Number is Not Acceptable)

83

13810 MILL COVE CIR

84 City

TAMPA

FL

85 Zip Code

33624

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]

WADE BADER

2/28/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSS, ALAN S.
STREET ADDRESS 1812 HILLVIEW ST.
CITY-ST-ZIP SARASOTA FL ☒ DELETE

TITLE SD
NAME GANO, CHARLES
STREET ADDRESS 434 GROVE AVE
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE DT
NAME PANTON, HUGH J
STREET ADDRESS 1222 ORANGE AVENUE
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE P
NAME HOOPER, C. RALPH
STREET ADDRESS 124 UNDERWOOD ST.
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT-TREASURER ☒ Change ☐ Addition
1.2 NAME BADER, WADE
1.3 STREET ADDRESS 13810 MILL COVE CIR
1.4 CITY-ST-ZIP TAMPA, FL 33624

2.1 TITLE D-Secretary ☒ Change ☐ Addition
2.2 NAME PRUSAKOWSKI, PAUL
2.3 STREET ADDRESS 716-305 S.W. 16th AVE
2.4 CITY-ST-ZIP Gainesville, FL 32601

3.1 TITLE DP-President ☒ Change ☐ Addition
3.2 NAME GINGRAS, RON
3.3 STREET ADDRESS 306 Halton Cir
3.4 CITY-ST-ZIP Seffner, FL 33584

4.1 TITLE President-Elect ☒ Change ☐ Addition
4.2 NAME FINNIESTON, ALAN R.
4.3 STREET ADDRESS 300 Birch Rd
4.4 CITY-ST-ZIP Miami, FL 33146

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WADE BADER

2/28/96

962-6100

Date Daytime Phone #

CR2E037 (12/95)