SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **759924** **(4)**

1. Corporation Name
THE SEMINOLE COUNTY COUNCIL FOR EXCEPTIONAL CHILDREN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
390 W. STATE ROAD 434, SUITE #202 P O BOX 521696 LONGWOOD FL 32752	390 W. STATE ROAD 434, SUITE #202 P O BOX 521696 LONGWOOD FL 32752

3. Date Incorporated or Qualified: 09/04/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2137807 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLBRUNN, CHARLES R
390 W. STATE ROAD 434, SUITE #202
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLAS, CAROLYN	1.2 NAME	
STREET ADDRESS	1109 BLACKACRE TR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☒ Change ☐ Addition
NAME	ZIOLKOWSKI, CHERYL	2.2 NAME	DP Annette Jones
STREET ADDRESS	1059 GOULD PLACE	2.3 STREET ADDRESS	344 S. Wymore Road
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	Altamonte Springs, Fl. 32714
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SPROUSE, CAROL	3.2 NAME	D Mary Thurston
STREET ADDRESS	624 CLEARN CT.	3.3 STREET ADDRESS	1206 Hemingway Dr.
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	Deltona, Fl. 32725
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDO, CECEILE	4.2 NAME	
STREET ADDRESS	1272 ANDRES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	LEGARE, AMY	5.2 NAME	
STREET ADDRESS	600 TUSKAWILLA RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	☒ Change ☐ Addition
NAME	THURSTON, MARY	6.2 NAME	DT Cullinan, Cheryl
STREET ADDRESS	1206 HEMINGWAY DR.	6.3 STREET ADDRESS	1349 Paradise Ln
CITY-ST-ZIP	DELTONA FL 32725	6.4 CITY-ST-ZIP	Winter Park, Fl. 32792

CR2E037 (3/95)

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)(i), 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: Mary L. Thurston Mary L. Thurston 6/22/95 407-365-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003922