

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759924 (4)

1. Corporation Name

THE SEMINOLE COUNTY COUNCIL FOR EXCEPTIONAL CHILDREN, INC.

Principal Place of Business

390 W. STATE ROAD 434, SUITE #202
P O BOX 521696
LONGWOOD FL 32752

Mailing Address

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
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 DV
NAME NICHOLAS, CAROLYN
STREET ADDRESS 1109 BLACKACRE TR.
CITY - ST - ZIP WINTER SPRINGS FL 32708

11 TITLE DV
12 NAME CHERYL Cullinan
13 STREET ADDRESS 1349 Paradise Ln
14 CITY - ST - ZIP Winter Park FL 32792

TITLE DP
NAME JONES, ANNETTE
STREET ADDRESS 344 S WYMORE ROAD
CITY - ST - ZIP ALTAMONE SPRINGS FL

21 TITLE DP
22 NAME Mary L. Thurston
23 STREET ADDRESS 1206 Hemingway Dr.
24 CITY - ST - ZIP Deltona, FL 32725

TITLE D
NAME THURSTON, MARY
STREET ADDRESS 1208 HEMINGWAY DRIVE
CITY - ST - ZIP DELTONA FL

31 TITLE D
32 NAME Gary Irwin
33 STREET ADDRESS 1716 E. Waycross Circle
34 CITY - ST - ZIP Deltona, FL 32765

TITLE S
NAME LINDO, CECEILE
STREET ADDRESS 1272 ANDRES DR.
CITY - ST - ZIP WINTER SPRINGS FL 32708

41 TITLE S
42 NAME Suzanne Ward
43 STREET ADDRESS 775 Tabatha Dr.
44 CITY - ST - ZIP Osteen, FL 32764

TITLE S
NAME LEGARE, AMY
STREET ADDRESS 600 TUSKAWILLA RD.
CITY - ST - ZIP WINTER SPRINGS FL 32708

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DT
NAME CULLINAN, CHERYL
STREET ADDRESS 1349 PARADISE LANE
CITY - ST - ZIP WINTER PARK FL

61 TITLE DT
62 NAME Cheryl Ziolkowski
63 STREET ADDRESS 1089 Gould Place
64 CITY - ST - ZIP Oviedo, FL 32765

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

Cheryl A. Cullinan 7/9/96

467-157-1351 0017861

CR2E037 (3/96)