SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:47

DOCUMENT # **849941** **(0)**

1. Corporation Name

TOURETTE SYNDROME ASSOCIATION, INC. OF CENTRAL F LORIDA

Principal Place of Business	Mailing Address
42-40 BELL BLVD. BAYSIDE NY 11361	42-40 BELL BLVD. BAYSIDE NY 11361

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1981**
3a. Date of Last Report: **03/11/1994**
4. FEI Number: **23-7191992** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
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

9. Name and Address of Current Registered Agent

CURRY, ELEANOR
138 W. LEON LANE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

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 _____ 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	PRES	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	STEPHAN TURNIPSEED	12 NAME	ALFRED . SKLAVER	
STREET ADDRESS	808 ST. JAMES COURT	13 STREET ADDRESS	5 AMSTERDAM RD	
CITY-ST-ZIP	PIKE ROAD AL	14 CITY-ST-ZIP	NEW CITY , NY 10956	
TITLE	VP	21 TITLE	EXECUTIVE V.P.	☒ Change ☐ Addition
NAME	ALFRED SKLAVER	22 NAME	KENNETH HALABY	
STREET ADDRESS	5 AMSTERDAM ROAD	23 STREET ADDRESS	24 COVENTRY LANE	
CITY-ST-ZIP	NEW CITY NY	24 CITY-ST-ZIP	TRUMBULL, CT 06611	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	BRUCE OCHSMAN,	32 NAME		
STREET ADDRESS	8905 HUNT VALLEY COURT	33 STREET ADDRESS		
CITY-ST-ZIP	POTOMAC MD	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	ANBE, DANIEL	42 NAME		
STREET ADDRESS	6326 W. CIMARRON TRIAL	43 STREET ADDRESS		
CITY-ST-ZIP	FLINT MI	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	ELEANOR CURRY	52 NAME		
STREET ADDRESS	RR 1 BOX 124 D	53 STREET ADDRESS		
CITY-ST-ZIP	SURY ME	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	TREASURER	☒ Change ☐ Addition
NAME	OCHSMAN, BRUCE	62 NAME	JEFFREY KUNION	
STREET ADDRESS	8905 HUNT VALLEY CT.	63 STREET ADDRESS	38 Cherrywood dr.	
CITY-ST-ZIP	POTOMAC MD	64 CITY-ST-ZIP	MANHASSET HILLS, NY 11040	

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: Michelle Cooler MICHELLE COOLER 7/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIONIG OFFICER OR DIRECTOR Date

(718) 224-3999
Daytime Phone #

0018477

3490141 3/12/9

TOURETTE SYNDROME ASSOCIATION BOARD OF DIRECTORS

OFFICERS:

Alfred Sklaver, President** (Beverly)
5 Amsterdam Road *11/96
New City. NY 10956
914/639-4183

P.O. Box 457, 2000 Maple Hill St.
Yorktown Heights, NY 10598
914/962-5900
FAX: 914/962-5994

Kenneth Halaby, Executive V.P.** (Linda)
24 Coventry Lane *11/96
Trumbull, CT 06611
203/268-0433
FAX: 203/459-0319

Bruce Ochsman, First V.P.** (Jane)
8905 Hunt Valley Court *11/96
Potomac, MD 20854
301/469-8457

Wheat First Securities
6701 Rockledge Dr., Suite 100
Bethesda, MD 20817
800/456-1010
FAX: 301/897-1211 or 301/897-8456

Daniel T. Anbe, M.D., Second V.P. (Donna)
6326 West Cimarron Trail *11/96
Flint, MI 48532
810/733-7949

McLaren Hospital
401 s. Ballenger Highway
Flint, MI 48532-3685
810/762-2011
FAX: 810/762-2875

Eleanor Curry, Third V.P.*** (Tom)
RR 1, Box 1370 *11/96
Surry, ME 04684
207/667-5462 (summer address)

138 West Leon Lane
Cocoa Beach, FL 32931
407/783-3248 (winter address)
FAX: 407/783-3248

Jeffrey Kunlon, Treasurer** (Lydia)
38 Cherrywood Drive *11/96
Manhasset Hills, NY 11040
516/741-2763 (O)
FAX: 516/741-2713
516/488-7466 (H)

Michelle "Shelly"Cooler*** (Martin)
29 Old Mill Lane *11/96
Ardsley, NY 10502
914/693-7262
914/693-7263

DIRECTORS:

Susan A. Conners
20 Thomas Jefferson *11/95
Snyder, NY 14226
716/839-4430
FAX: 716/839-1956

Paul Devore** (Anne)
17750 Sherman Way *11/96
Suite 300
Reseda, CA 91335
818/609-7575 ext. 205
FAX: 818/609-0185

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Page 3 - Board of Directors (Continued)

Paul I. Weiner (Ellen)
5 Pittsfield Court *11/96
Livingston, NJ 07539
201/992-3986

Weiner & Associates
200 Executive Drive - Suite 175
West Orange, NJ 07052
201/736-5959
FAX: 201/736-9223

Sue Levi-Pearl** (John)
Liaison for Scientific and Medical Programs
199-40 Keno Avenue
Holliswood, NY 11435
718/465-4162
FAX: 718/776-2013 (Home)

Sheri Boyd** (Maurice)
HCR 2 Box 18
Warnerville, NY 12187
518/234-4546
FAX: 518/234-4713

* Term Expiration
** Executive Committee Participation
*** Non-voting invited guests of the committee. They should be included in all routine Executive Committee communications.
**** TSA Staff

Revised 3/95