SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

(0)

FILED Aug 22 1997 8:00am Secretary of State

TOURETTE SYNDROME ASSOCIATION, INC. OF CENTRAL F LORIDA														
Principal Place of Business Mailing Address							•		1 (44) 8/ 14/6/ 5/6/6 (5/10 16/10 16/6) !			III 010H 1001		
42-40 BELL BLV BAYSIDE NY 11				42-40 BELL BLVD. BAYSIDE NY 11361					DO NOT WRITE	IN THIS SPACE	-			
									3. Date Incorporated or Qualified	3a. Date of I	ast Re		٦	
						_			08/06/1981	08/08	3/198	6		
2. Principal Place of Business				2a. Malling Address					4. FEI Number Applied For				_	
21 Subs Ant # of s				Suite, Apt. #, etc.					23-7191992 Not Applicable					
Suite, Apt. #, etc.				— · · · · · · · · · · · · · · · · · · ·					Certificate of Status Desired	1 1 1 1		Additional quired	Ì	
City & State				City & State					6. Election Campaign Financing			May Be	\dashv	
23			28						Trust Fund Contribution			мау 69 о Fe es		
Zip	Country			Zip Coun					8. This corporation owes or has pai	d the curre it ye	ar Int	angible	7	
24	26			29 30					Personal Property Tax due June 30. Yes No				╛	
	g. Name and Address of Current			tegistered Agent			B.1	-	10. Name and Address of New Reg	istered Agent		-	4	
1						81	Name							
CURRY,			82	Street	Addres	ss (P.O. Box Number is Not Acceptable	e)							
138 W. LEON LANE													-	
COCOA BEACH FL 32931													╛	
	,					84	City			FL 85	Zip (Code	Ì	
11, Pursuant	to the provision	ons of Sections 617.0502	and 6	17.1508, Florida Statut	es, the a	DOVE	-namec	corpo	ration submits this statement for the prin's board of directors. I hereby accep		ging it	s registered	-	
office or r	registered age im familiar wit	ent, or both, in the State on the state of the state of the state of the obligations.	of Floric	da. Such change was a f. Section 617.0503. Fl	authorize orida Sta	d by	the cor	poratio	n's board of directors. I hereby accep	t the appointme	ent as	registered		
SIGNATURE	*	in and accept the sange		,, 000,001,000,11	01100 010		,						1	
SIGNATURE,	Signature, typed o	x printed name of registered agen	t and title	if applicable. (NO?	E: Registere	d Age	nt signatur	perluper e	when reinsteting)	DATE			╛.	
12.		OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO OFFICE][2	
TITLE	1. P			_			1.1 TITLE			☐ Ci	ange		3	
NAME SKLAVER, ALFRED							1.2 NAME			•			5	
STREET ADDRESS 5 AMSTERDAM RD CITY-ST-ZIP NEW CITY NY			a			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		1					Ŭ	
CITY-ST-ZIP TITLE	EVP	<u> </u>		DELETE	1.4 C	$\overline{}$	I - ZIP	EVP	D.	Z / ci	nange	Addition	-16	
NAME	HALABY, KENNETH			7				Pau	I IVIVOTE		ungo]	
STREET ADDRESS 24 COVENTRY LANE							22 NAME 23 Street address		ancial Management S	0. 290				
CITY-ST-ZIP TRUMBELL-CT				***			T-ZIP	OE.	ncino, CA 91316-	1517			1	
TITLE	VP C			DELETE	3.1 T			1		₩ CH	iange	Addition	1	
NAME		ICHSMAN,			3.2 N	AME		Mil	chelle Coplet Lane	/*				
STREET ADDRESS 8905 HUNT VALLEY COURT							3.3 STREET ADDRESS							
CITY-ST-ZIP	POTOMA				3.4. (ITY-5	ST-ZIP	AC	dsley, NY 10502				_	
TITLE	VP - C			DELETE	4.1 7	ITLE			•	LJ C	nange	Addition		
NAME	ANBE, DA					NAME		1						
STREET ADDRESS 6326 W. CIMARRON TRIAL							REET ADDRESS						1	
CITY-ST-ZIP	FLINT MI			DELETE	_	TY-S	T-ZIP	 		☐ CI		Addition	4	
TITLE NAME	VP - D ELEANOR			C DECEIG	5.1 T						ជាភ្លេច	Addition Addition		
STREET ADDRESS	RR 1 BO						ADDRESS							
CITY-ST-ZIP	SURY ME					ITY-S		1						
TITLE	T -	<u> </u>		☐ DELETE	5.4 C		1 - CIF	 		□ CH	nange	Addition	-	
NAME	KUNION,	JEFFREY			6.2 N						•			
STREET ADDRESS		RYWOOD DR					ADDRESS							
CITY-ST-ZIP MANHASSETT HILLS NY					1	ITY-S								
			with th	is filing does not quali				tated i	n Section 119.07(3)(i), Florida Statutes	. I further certif	y that	the	1	

Imminimation 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 or lam 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 for on an attachment with an address.