


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 849941					
1. Corporation Name TOURETTE SYNDROME ASSOCIATION, INC. OF CENTRAL FLORIDA					
Principal Place of Business 42-40 BELL BLVD. BAYSIDE NY 11361			Mailing Address 42-40 BELL BLVD. BAYSIDE NY 11361		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1981	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7191992	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30 Zip Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CURRY, ELEANOR 138 W. LEON LANE COCOA BEACH FL 32931				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 Monte Redman, Treasurer DATE 1/15/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	SKLAVER, ALFRED	5 AMSTERDAM RD NEW CITY NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD	Paul Devore	6345 Balboa Blvd., Ste. 290 Encino, CA 91316-1517
	EVPD	DEVORE, PAUL	6345 BALBOA BLVD #290 ENCINO CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	EVPD	J. William Busch	2209 N. Somerset St. Arlington, VA 22205
	SD	COOLER, MICHELLE	29 OLD MILL LN ARDSLEY NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD	Jeanne Valencia	4617 N. Winchester Chicago, IL 60640-4308
	VPD	ANBE, DANIEL	6326 W. CIMARRON TRIAL FLINT MI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPD	Brenda Weeda	20624 SE 119 St. Issaquah, WA 98027
	VPD	ELEANOR CURRY	RR 1 BOX 124 D SURY ME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPD	Diane Mallah	474 Greenbriar Ct. North Hills, NY 11576
	TD	KUNION, JEFFREY	38 CHERRYWOOD DR MANHASSETT HILLS NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD	Monte Redman	6a Third St. Garden City, NY 11530

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Monte Redman, Treasurer DATE 1/15/99 DAYTIME PHONE # (718) 224-2999

CR2E037 (11/98)