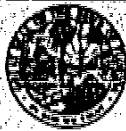


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 23 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 852503 (2)
1. Corporation Name
AMERICAN PARALYSIS ASSOCIATION, INC.

Principal Place of Business Mailing Address

500 MORRIS AVENUE 500 MORRIS AVENUE
P O BOX 187 P O BOX 187
SHORT HILLS NJ 07078 SHORT HILLS NJ 07078

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/07/1982 **04/27/1994**
4. FEI Number Applied For
22-2939536 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) ☒ \$68.75 Supplemental Fee Not Required
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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Zip Country Country
24 25 29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	D
NAME	LAND, JAMES JR.
STREET ADDRESS	500 MOLLIS AVE
CITY-ST-ZIP	SPRINGFIELD NJ
TITLE	VD
NAME	CAMHI, DAVID
STREET ADDRESS	32 WINDMERE DRIVE
CITY-ST-ZIP	WOODBURY NY
TITLE	D
NAME	STIFEL, HENRY G.
STREET ADDRESS	84 FARLEY RD.
CITY-ST-ZIP	SHORT HILLS NJ
TITLE	D
NAME	ERGAS, MARTIN
STREET ADDRESS	3 GROVE ISLE DR
CITY-ST-ZIP	COCONUT GROVE FL
TITLE	D
NAME	STIFEL, CHARLOTTE
STREET ADDRESS	84 FARLEY RD.
CITY-ST-ZIP	SHORT HILLS NJ
TITLE	PCFO
NAME	STOLLER, MITCHELL
STREET ADDRESS	485 PENNS WAY
CITY-ST-ZIP	BASKING RIDGE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Mark Pinney	
1.3 STREET ADDRESS	42 W. 15th St.	
1.4 CITY-ST-ZIP	New York, NY	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	34 Evans Drive	
2.3 STREET ADDRESS	Brookville, NY	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Joella Beimfohr	
4.3 STREET ADDRESS	48 Kenilworth Drive	
4.4 CITY-ST-ZIP	Short Hills, NJ	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME	11 Surrey Lane	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(d), 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 of this form, or on an attachment with an address.

SIGNATURE: *Mitchell Stoller* **Mitchell Stoller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/95

201-379-2690

Telephone (Home #)