

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 19 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001266 (6)

1. Corporation Name

DISABLED CHILDREN'S RELIEF FUND INC.

Principal Place of Business

Mailing Address

7 FAIRWAY COURT EAST
W. BAY SHORE NY 11706

7 FAIRWAY COURT EAST
W. BAY SHORE NY 11706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

11-3010226

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$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 50 Harrison Avenue

26 50 Harrison Avenue

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Freeport, New York

28 Freeport, New York

24 Zip

25 Country

29 Zip

30 Country

24 11520

29 11520

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HUTCHESON, KENNETH A
STREET ADDRESS	7 FAIRWAY CT. EAST
CITY- ST- ZIP	W. BAY SHORE NY 11706
TITLE	D
NAME	FELLMAN, MALCOLM
STREET ADDRESS	123 E. ROGUES PATH
CITY- ST- ZIP	HUNTINGTON STATION NY 11746
TITLE	DST
NAME	HURLEY, JOHN E
STREET ADDRESS	ROGERS LANE, P. O. BOX 301
CITY- ST- ZIP	REMSENBERG NY 11968
TITLE	O
NAME	RABER, NORMAN
STREET ADDRESS	545 E. PARK AVE.
CITY- ST- ZIP	LONG BEACH NY 11561
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	Director	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
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		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	Director/ President	☐ Change ☒ Addition
5.2 NAME	Jerome H. Blue, Ph.D.	
5.3 STREET ADDRESS	50 Harrison Avenue	
5.4 CITY- ST- ZIP	Freeport, New York 11520	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Jerome H. Blue, Ph.D., President 4/14/95 (516) 377-1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System (Leave #)