

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001266 (6)

1. Corporation Name

DISABLED CHILDREN'S RELIEF FUND INC.



Principal Place of Business

**50 HARRISON AVE
FREEPORT NY 11520
US**

Mailing Address

**50 HARRISON AVE
FREEPORT NY 11520
US**

2. Principal Place of Business

21 402 PENNSYLVANIA AVENUE

2a. Mailing Address

26 402 PENNSYLVANIA AVENUE

3. Date Incorporated or Qualified
04/12/1993

3a. Date of Last Report
04/19/1995

4. FEI Number
11-3010226

Applied For
☐ Not Applicable

5. Certificate of Status Desired **XX** **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FREEPORT, NEW YORK

City & State

28 FREEPORT, NEW YORK

Zip

24 11520

Country

25 USA

Zip

29 11520

Country

30 USA

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 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HUTCHESON, KENNETH A**
STREET ADDRESS **7 FAIRWAY CT. EAST**
CITY-ST-ZIP **W. BAY SHORE NY**

TITLE **D** ☐ DELETE
NAME **FELLMAN, MALCOLM**
STREET ADDRESS **123 E. ROGUES PATH**
CITY-ST-ZIP **HUNTINGTON STATION NY 11746**

TITLE **DST** ☒ DELETE
NAME **HURLEY, JOHN E**
STREET ADDRESS **ROGERS LANE, P. O. BOX 301**
CITY-ST-ZIP **REMSENBURG NY 11968**

TITLE **D** ☐ DELETE
NAME **RABER, NORMAN**
STREET ADDRESS **545 E. PARK AVE.**
CITY-ST-ZIP **LONG BEACH NY 11561**

TITLE **DP** ☐ DELETE
NAME **BLUE, JEROME H. P**
STREET ADDRESS **50 HARRISON AVE**
CITY-ST-ZIP **FREEPORT NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SECRETARY/TREASURER** ☒ 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 ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **402 PENNSYLVANIA AVENUE**
5.4 CITY-ST-ZIP **FREEPORT, NEW YORK 11520**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **DIRECTOR**
6.3 STREET ADDRESS **GEORGE NAVARRO**
6.4 CITY-ST-ZIP **158 LINCOLN AVENUE**

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 617, 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 4/28/96 (516)377-1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)