FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

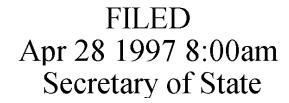
F96000000419 (9)

LONG ISLAND COMMITTEE FOR SELF HELP EDUCATION AND PRACTICE, INC.

Principal Place of Business

Mailing Address

79 Jasmine Street Lake Placid FL 33852 79 JASMINE STREET





CARE PLANUE	C 33002	DAKE PENCIP PE 33032-01			
		Change to So	DNYA	HAUG	Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996
2. Principal Place of Business		28. Marring Address 26 1380 Mul	Longe to SonyA HAUGH 20. Marling Address 26 1380 Mulf Blod.		4. FEI Number Applied Fr. 11-2932205 Not Applie
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Regulred
City & State)	City & State			
23		28 Clearence	T =	76	Trust Fund Contribution Added to Fees
Zip 24	Country 25	29 346 30	30 Countr	8A-	8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes
	9. Name and Address of Curi		1301 90		10. Name and Address of New Registered Agent
			81	Name	
OBERHAUSEN JR, FRANK C			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)
	rney at law				dieda (1.10, Box Hambor la Not Accoptable)
	JTH COMMERCE AVENUE		83		
SEBRING	3 FL 33870		84	City	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.0	502 and 617.1508. Florida Statut	es the abov	e-named co	progration submits this statement for the purpose of changing its society
Office or re	ogistered agent, or both, in the Standard in t	ate of Florida. Such change was a	authorized b	v the corpor.	ration's board of directors. I hereby accept the appointment as register
SIGNATURE _				•	
	Signature, typed or printed name of registered			per erutengia tne	quired when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD CADTED DEAD	☐ DELETE	1.1 TITLE		Change Ad
NAME	CARTER, PEARL		1.2 NAME		
STREET ADDRESS	79 JASMINE STREET LAKE PLACID FL			T ADDRESS	
CITY-ST-ZIP TITLE	VSTD	DELETE	1.4 CITY-:	ST-ZIP	D Chance
NAME	HAUGHT, SONYA	VLUIL	2.1 TITLE 2.2 NAME		☐ Change ☐ Ad
STREET ADDRESS	1380 GULF BLVD			T ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-	Į.	
TITLE	D	DELETE	3 1 TITLE	31 211	☐ Change ☐ Ad
NAME (WILDSTEIN, ALAN J		3.2 NAME	[_ · · · _ ·
STREET ADDRESS	441 US 27 NORTH		3 3 STREE	T ADDRESS	
CITY-ST-ZIP	SEBRING FL		3 4. CITY-	ST-ZIP	
TITLE	D	☐ DELETE	4 1 TITLE		☐ Change ☐ Ad
NAME	MONTSDEOCA, GARY		4 2 NAME		
STREET ADDRESS	3760 US 27 SOUTH		4 3 STREE	F ADDRESS	
CITY-ST-ZIP	SEBRING FL	- Destre	4 4 CITY-	ST - ZIP	
TITLE		☐ DELETE	51 TITLE		L_I Change L_I Ad
NAME OTDECT ADDRESS			5 2 NAME		
STREET ADDRESS CITY-ST-ZIP			1	ADDRESS	
TITLE		DELETE	5.4 CITY - 1 6.1 TITLE	21-ZIP	☐ Change ☐ Ad-
NAME			6.2 NAME		Cisalge C Ad
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			6.4 CITY-5		
14. I do hereb	y certify that the information supp	ied with this filing does not qualif	v for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the
l am an off	i indicated on this annual report o licer or director of the corporation	r supplemental annual report is tr	rue and acc rered to exer	#Ate and tha	at my signature shall have the same legal effect as if made under oath ort as required by Chapter 617, Florida Statutes; and that my name