

# 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 # **N21051** (0)

1. Corporation Name

**GIFT EDUCATIONAL CENTER FOR DISABLED CHILDREN, I NC.**



Principal Place of Business

Mailing Address

**9767 IVEY RD  
JACKSONVILLE FL 32216  
US**

**200 WEST FORSYTH STREET  
SUITE 1020  
JACKSONVILLE FL 32202  
US**

3. Date Incorporated or Qualified  
**06/09/1987**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHOWALTER, RUSSELL H. JR.  
200 WEST FORSYTH STREET  
#1020  
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

**500001876555**

84 City

**06/26/96 01083-030**

**\*\*\*61.25**

85 Zip Code

**FL**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLATZER, SUSAN D.</b>	
STREET ADDRESS	<b>1351 JOURNEYS END LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHOWALTER, RUSSELL H. JR</b>	
STREET ADDRESS	<b>200 W. FORSYTH STREET, #1020</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIGGS, ERIC N CPA</b>	
STREET ADDRESS	<b>4417 BEACH BLVD #304</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTOYA, H WILLIAM</b>	
STREET ADDRESS	<b>1211 N. THIRD STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARNIC, LINDA</b>	
STREET ADDRESS	<b>8130 BAYMEADOWS CIRCLE WEST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Dr. Robin S. Vail</b>	
13 STREET ADDRESS	<b>8130 Baymeadows Circle W, #306</b>	
14 CITY-ST-ZIP	<b>Jacksonville, Florida 32256</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>George Ann Ball</b>	
23 STREET ADDRESS	<b>9775 Ivey Road</b>	
24 CITY-ST-ZIP	<b>Jacksonville, Florida 32216</b>	
31 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Donna D. Butcher</b>	
33 STREET ADDRESS	<b>c/o Barnett Bank Building 100</b>	
34 CITY-ST-ZIP	<b>P. O. Box 40200 Jacksonville, FL 32256</b>	
41 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Kim Corey</b>	
43 STREET ADDRESS	<b>1701 Prudential Drive, Fourth Floor</b>	
44 CITY-ST-ZIP	<b>Jacksonville, Florida 32207</b>	
51 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Chriss L. Spires</b>	
53 STREET ADDRESS	<b>c/o Florida HomeLoan Corporation</b>	
54 CITY-ST-ZIP	<b>8021 Phillips Highway, Suite 1</b>	
61 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Liz Corey</b>	
63 STREET ADDRESS	<b>2325 Buttonwood Drive</b>	
64 CITY-ST-ZIP	<b>Jacksonville, Florida 32216</b>	

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:

*Russell H. Showalter Jr.*

4/22/96

(904) 356-1533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Russell H. Showalter, Jr., President/Director**

Date

Daytime Phone

CR2E037 (12/95)

Am 6/26/96