FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:53

DOCUMENT # N27105 (8)

1. Corporation Name
FLORIDA CENTER FOR THE HANDICAPPED, INC.

Principal Place of Business	Mailing Address
2314 MEDFORD LANE BRANDON FL 33511	750 W. LUMSDEN BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1988
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2898151 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 910 Oakfield Drive
Suite, Apt. #, etc.
22 Suite 203
City & State
23 Brandon FL ~~33511~~
Zip 24 33511 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

CLIFTON C. CURRY
750 W. LUMSDEN
BRANDON FL 33511

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VTD~~	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~MIRA, CHRIS M.~~	1.2 NAME	Mira, Chris M.	
STREET ADDRESS	~~2314 MEDFORD LANE~~	1.3 STREET ADDRESS	2314 Medford Lane	
CITY-ST-ZIP	~~BRANDON FL~~	1.4 CITY-ST-ZIP	Brandon, FL	
TITLE	SD	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	MIRA, PATRICIA L.	2.2 NAME	Kelly, Daniel	
STREET ADDRESS	2314 MEDFORD LANE	2.3 STREET ADDRESS	1401 Monty Lake Drive	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE	~~D~~	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	~~MIRA,CHRIS~~	3.2 NAME	Fingar, Roger	
STREET ADDRESS	~~2314 MEDFORD LANE~~	3.3 STREET ADDRESS	11406 N 53rd Street	
CITY-ST-ZIP	~~BRANDON FL~~	3.4 CITY-ST-ZIP	~~Tampa, FL 33617~~	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Kelly, Mary	
STREET ADDRESS		4.3 STREET ADDRESS	1401 Monty Lake Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Valrico, FL 33594	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Patricia L. Mira March 2, 1995 (813) 654-8294
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA L. MIRA

00032069