

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90006 037 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27105

1. Corporation Name

FLORIDA CENTER FOR THE HANDICAPPED, INC.

Principal Place of Business

910 OAKFIELD DR
STE 203
BRANDON FL 33511
US

Mailing Address

750 W. LUMSDEN
BRANDON FL 33511

611485-90006-37



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/23/1988

4. FEI Number

59-2898151

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLIFTON C. CURRY
750 W. LUMSDEN
BRANDON FL 33511

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS MIRA, CHRIS M.
CITY-ST-ZIP 1501 CREST CT
VALRICO FL 33594

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS MIRA, PATRICIA L.
CITY-ST-ZIP 1501 CREST CT
VALRICO FL 33594

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS KELLY, DANIEL
CITY-ST-ZIP 1401 MONTY LAKE DR
VALRICO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME D
STREET ADDRESS MARTIN, WAYNE
CITY-ST-ZIP 6104 WEBB ROAD, APT 1011
TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS KELLY, MARY
CITY-ST-ZIP 1401 MONTY LAKE DR
VALRICO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

Document # *N27105*
611485-90006-37

LAW OFFICES
CURRY & ASSOCIATES, P.A.

LA VIVA PROFESSIONAL CENTER
750 WEST LUMSDEN
BRANDON, FLORIDA 33511
(813) 653-2500
FACSIMILE (813) 689-0242

CLIFTON C. CURRY, JR.
C. COLE JEFFRIES, JR.
DANIEL W. KING
FRANK J. NIVERT

Reply to:
P. O. Box 1143
Brandon, FL 33509-1143

August 27, 1999

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32399

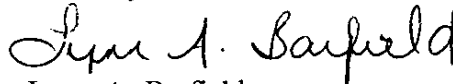
Re: 1999 Non-Profit Corporation Annual Report
for Florida Center for the Handicapped, Inc.
FEI Number: 59-2898151

Dear Sir/Madam:

Enclosed please find the fully executed 1999 Annual Report for the above-referenced corporation, along with a check in the amount of \$61.25 for the filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Lynn A. Barfield
Corporate Paralegal

/lab

Enclosure: 1999 Non-Profit Corporation Annual Report
Check #1024 in the amount of \$61.25 for filing fee