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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37161** (9)

1. Corporation Name

FRIENDS FOR AUTISTIC CHILDREN, INC.

Principal Place of Business

Mailing Address

4 VERWOOD WAY
BOYNTON BEACH FL 33462
US

4 VERWOOD WAY
BOYNTON BEACH FL 33462
US



3. Date Incorporated or Qualified

03/15/1990

4. FEI Number

11-2238052

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUCKER, JULES, M.D.
16800 NW 2 AVE
N MIAMI BEACH FL 33169

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

TITLE PD
NAME MORESCHI, PAT
STREET ADDRESS 227 SOUTH CIRCLE DRIVE
CITY-ST-ZIP BELLEAIR FL ☐ DELETE

TITLE VD
NAME DELUCA, ELSIE
STREET ADDRESS 4792 KIRKWOOD RD
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE SD
NAME DE FILIPPO, FRANCIS
STREET ADDRESS 9772 SW 3 ST
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE TD
NAME MCCLOSKEY, ANN
STREET ADDRESS 4 VERWOOD WAY
CITY-ST-ZIP BOYNTON BEACH FL ☐ DELETE

TITLE D
NAME MCCLOSKEY, EDWARD J.
STREET ADDRESS 4792 KIRKWOOD RD
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE D
NAME DELUCA, MICHAEL
STREET ADDRESS 456 SE STARFLOWERS RD
CITY-ST-ZIP PORT ST LUCIE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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

5.4 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.

SIGNATURE: **ANN MCCLOSKEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 1998 561-968-1834
Date Daytime Phone #

CR2E037 (10/97)