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 MAY -1 PM 1:02

DOCUMENT # N38095 (8)

1. Corporation Name

AUTISTIC/HANDICAPPED CHILDREN OF CENTRAL FLORIDA , INC.

Principal Place of Business	Mailing Address
11214 LK BUTLER BLVD. P.O. BOX 213 WINDERMERE FL 34786	11214 LK BUTLER BLVD. P.O. BOX 213 WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-3013693 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 1218 WOODRIDGE Ct.	2a. Mailing Address 26 1218 WOODBRIDGE Ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ALTAMONTE SPRINGS, FLA.	28 City & State: ALTAMONTE SPRINGS FLA.
24 Zip: 32714 25 Country: U.S.A.	29 Zip: 32714 30 Country: U.S.A.

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

KRAL, FRANK
11214 LAKE BUTLER BLVD
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name: JANET O. DEMATEIS
82 Street Address (P.O. Box Number Is Not Acceptable): 1218 WOODRIDGE Ct.
83
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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.

SIGN: [signature] Janet O. Demateis — 4/25/95
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	P	11 TITLE	PRESIDENT - TREASURER ☒ Change ☒ Addition
NAME	KRAL, FRANK	12 NAME	JANET O. DEMATEIS
STREET ADDRESS	P.O. BOX 213 NA	13 STREET ADDRESS	1218 WOODRIDGE Ct.
CITY-ST-ZIP	WINDERMERE FL	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FLA. 32714
TITLE	D	21 TITLE	VICE PRESIDENT ☒ Change ☒ Addition
NAME	HICKS, KELLY	22 NAME	STEPHAN P. DEMATEIS
STREET ADDRESS	801 W SECOND AVE	23 STREET ADDRESS	1218 WOODRIDGE Ct.
CITY-ST-ZIP	WINDERMERE FL	24 CITY-ST-ZIP	ALTAMONTE SPRINGS, FLA. 32714
TITLE	D	31 TITLE	DIRECTOR/BOARD MEMBER ☒ Change ☒ Addition
NAME	HIRSCHFELT, JAY	32 NAME	TIMOTHY MALEY
STREET ADDRESS	3808 IBIS DR	33 STREET ADDRESS	1218 WOODRIDGE Ct.
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ALTAMONTE SPRINGS, FLA. 32714
TITLE	VD	41 TITLE	S/DIRECTOR/BOARD MEMBER ☒ Change ☒ Addition
NAME	NOFTLE, FRED	42 NAME	CANDY CHESSLER
STREET ADDRESS	10615 JEPSON ST	43 STREET ADDRESS	6140 CRYSTAL VIEW DR.
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FLA. 32819
TITLE	ST	51 TITLE	DIRECTOR/BOARD MEMBER ☒ Change ☒ Addition
NAME	KRAL, EVA	52 NAME	ANDREW A. KRAL N/A
STREET ADDRESS	11214 LK BUTLER BLVD	53 STREET ADDRESS	P.O. BOX 213
CITY-ST-ZIP	WINDERMERE FL	54 CITY-ST-ZIP	WINDERMERE, FLA. 34786
TITLE		61 TITLE	DIRECTOR/BOARD MEMBER ☒ Change ☐ Addition
NAME		62 NAME	FRANK A. KRAL N/A
STREET ADDRESS		63 STREET ADDRESS	P.O. BOX 213
CITY-ST-ZIP		64 CITY-ST-ZIP	WINDERMERE, FLA. 34786

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: X JANET O. DEMATEIS [signature] 4/25/95 1-407-662-4039
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Title — Daytime Phone #

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