FILE NOW: FILING FEE IS $61.25

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N38095** **(8)**

1. Corporation Name

AUTISTIC/HANDICAPPED CHILDREN OF CENTRAL FLORIDA , INC.

Principal Place of Business	Mailing Address
1218 WOODRIDGE CT P.O. BOX 213 ALTAMONTE SPRINGS FL 32714 US	1218 WOODBRIDGE CT P.O. BOX 213 ALTAMONTE SPRINGS FL 32714 US

3. Date Incorporated or Qualified: **05/09/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3013693** ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEMATEIS, JANET O
1218 WOODBRIDGE CT
ALTAMOTNE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83 400001870944
~~06/21/96--01032--008~~

84 City ***61.25 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: _____ Janet O. Demateis 4/24/96
Signature required if 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	☒ DELETE	11 TITLE	President	☐ 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, FL 32714	
TITLE	D	☒ DELETE	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, FL 32714	
TITLE	D	☒ DELETE	31 TITLE	Secretary	☐ Change ☒ Addition
NAME	HIRSCHFELT, JAY		32 NAME	Candy Chessler	
STREET ADDRESS	3808 IBIS DR		33 STREET ADDRESS	6140 Crystal View Drive	
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	VD	☒ DELETE	41 TITLE	Treasurer	☐ Change ☒ Addition
NAME	NOFTLE, FRED		42 NAME	Andrew Kral	
STREET ADDRESS	10615 JEPSON ST		43 STREET ADDRESS	P.O. Box 213 N/A	
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	ST	☐ DELETE	51 TITLE	Director	☒ Change ☐ Addition
NAME	KRAL, EVA		52 NAME	Eva Kral	
STREET ADDRESS	11214 LK BUTLER BLVD		53 STREET ADDRESS	P.O. Box 213 N/A	
CITY-ST-ZIP	WINDERMERE FL		54 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	~~BMD~~	☒ DELETE	61 TITLE	Director	☐ Change ☒ Addition
NAME	~~KRAL, FRANK A~~		62 NAME	Donna Koby	
STREET ADDRESS	~~P OBOX 213~~		63 STREET ADDRESS	510 Riverwoods Cr.	
CITY-ST-ZIP	~~WINDERMERE FL~~		64 CITY-ST-ZIP	Orlando, FL 32825	

05-01-96 OR

CR2E037 (12/95)

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: _____ Janet O. Demateis 4/24/96 407-805-4039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

These are additions/Deletions as well as the ones listed in box 13

Director ADDITION
Erol Akomer
3316 Heathgate Ct.
Orlando, FL

Director DELETE
Tim Maley
1218 Woodridge Ct.
Altamonte Springs, FL 32714

#N38095
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