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NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32714-1290 US

3. Date Incorporated or Qualified: 05/09/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 510 Riverwoods Cr
Suite, Apt. #, etc. 22
City & State 23 Orlando Fl
Zip 24 32825 Country 25 US

2a. Mailing Address
26 510 Riverwoods Cr.
Suite, Apt. #, etc. 27
City & State 28 Orlando Fl
Zip 29 32825 Country 30 US

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

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: Donna Kobylaeczyk
82 Street Address (P.O. Box Number is Not Acceptable): 510 Riverwoods Cr
83
84 City: Orlando FL 85 Zip Code: 32825

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 Donna Kobylaeczyk 3-10-97
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	☒ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	DEMATEIS, JANET O		1.2 NAME	Donna Briggs	
STREET ADDRESS	1218 WOODRIDGE CT		1.3 STREET ADDRESS	5006 Cub Lake Dr.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP	Apopka Florida 32703	
TITLE	VP	☒ DELETE	2.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	DEMATEIS, STEPHAN P		2.2 NAME	Candy Chesler	
STREET ADDRESS	1218 WOODRIDGE CT		2.3 STREET ADDRESS	6140 Crystalview Dr.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		2.4 CITY-ST-ZIP	Orlando Fl 32819	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	KRAL, EVA		3.2 NAME	Erol AKOMER	
STREET ADDRESS	P.O. BOX 213 N/A		3.3 STREET ADDRESS	3316 Heathgate Ct.	
CITY-ST-ZIP	WINDMERE FL 34786		3.4 CITY-ST-ZIP	Orlando Fl 32825	
TITLE	D Kobylaeczyk	☐ DELETE	4.1 TITLE	President	☒ Change ☐ Addition
NAME	~~KOBY~~, DONNA		4.2 NAME	KOBY, DONNA	
STREET ADDRESS	510 RIVERWOODS CR		4.3 STREET ADDRESS	510 Riverwoods Cr.	
CITY-ST-ZIP	ORLANDO FL 32825		4.4 CITY-ST-ZIP	Orlando Fl 32825	
TITLE	ST	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	KRAL, EVA		5.2 NAME	Eva Kral	
STREET ADDRESS	11214 LK BUTLER BLVD		5.3 STREET ADDRESS	706 Valencia Shores	
CITY-ST-ZIP	WINDERMERE FL		5.4 CITY-ST-ZIP	Winter Garden, Fl 34787	
TITLE	T	☐ DELETE	6.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	KRAL, ANDREW		6.2 NAME	ANDREW KRAL	
STREET ADDRESS	P.O. BOX 213 N/A		6.3 STREET ADDRESS	210 E. LAKE MARY DR	
CITY-ST-ZIP	WINDMERE FL 34786		6.4 CITY-ST-ZIP	ORL FL 32839	

CR2E037 (9/96)

14. I do 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.