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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:02

DOCUMENT # N41095 (3)

1. Corporation Name

CENTRAL FLORIDA ASSOCIATION FOR CHILDREN AND ADU LTS WITH LEARNING DISABILITIES, INC.

Principal Place of Business	Mailing Address
% CAROLYN C. TAVEL 1600 SILVER STAR RD ORLANDO FL 32804 US	% CAROLYN C. TAVEL 1600 SILVER STAR RD ORLANDO FL 32804 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1990
3a. Date of Last Report: 06/28/1994
4. FEI Number: ~~59-2442547~~ changed 59-3039758 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. 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	10. Name and Address of New Registered Agent
TAVEL, CAROLYN C. 1600 SILVER STAR RD, RM 701 ORLANDO FL 32804	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL — 85 Zip Code

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.

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	TD	1.1 TITLE	D-T	☒ Change ☐ Addition
NAME	HELFMAN, JANETTE	1.2 NAME	Gayley Lauteria	
STREET ADDRESS	5317 CURRY FORD RD, APT L106	1.3 STREET ADDRESS	746 Terrace Blvd. Orlando, Fl 32803	
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP		
TITLE	VP	2.1 TITLE	D-VP	☒ Change ☐ Addition
NAME	WILLIAMS, NANCY	2.2 NAME	Jan Buchwald	
STREET ADDRESS	616 SMOKERISE BLVD	2.3 STREET ADDRESS	5006 Mortier Avenue	
CITY ST ZIP	LONGWOOD FL	2.4 CITY ST ZIP	Orlando, Fl 32812	
TITLE	S	3.1 TITLE	D-S	☒ Change ☐ Addition
NAME	LOPEZ, MARY	3.2 NAME	Mary Lopez	
STREET ADDRESS	3916 LAKE MIRAGE BLVD	3.3 STREET ADDRESS	916 Lake Mirage Blvd.	
CITY ST ZIP	ORLANDO FL	3.4 CITY ST ZIP	Orlando, Fl 32817	
TITLE	P	4.1 TITLE	D-P	☒ Change ☐ Addition
NAME	COLLIER, MARGARET	4.2 NAME	Nancy B. Williams	
STREET ADDRESS	2117 SHAFFER PLACE	4.3 STREET ADDRESS	616 Smokerise Blvd.	
CITY ST ZIP	ORLANDO FL	4.4 CITY ST ZIP	Longwood, FL 32779	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	REMITTED BY MAY 1	
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

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: Gayley J. Lauteria — May 12, 1995 — (407) 894-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003651