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May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N48876 (9)  
1. Corporation Name  
CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2800 EAST JACKSON STREET 2600 EAST JACKSON STREET  
ORLANDO FL 32803 ORLANDO FL 32803-6314

3. Date Incorporated or Qualified 05/14/1992 3a. Date of Last Report 04/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3124673	Not Applicable
22 P.O. Box 947541	27 P.O. Box 947541	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Maitland FL	28 Maitland FL	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 30794-7541 USA	29 30794-7541 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POPP, ROGER 2800 E. JACKSON STREET ORLANDO FL 32803	81 Name Kraftchick, Karin 82 Street Address (P.O. Box Number is Not Acceptable) 317 Dornoch Ct 83 84 City Winter Springs FL 85 Zip Code 32708

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 *Karin Kraftchick* (NOTE: Registered Agent signature required when reinstating) DATE 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BYRNES, KATHY 811 SPRING VALLEY ROAD ALTAMONTE SPRINGS FL 32714	1.1 TITLE	President - P Amy Van Bergen - O
NAME	SD VAN BERGEN, AMY 104 CANDLEWICK ROAD ALTAMONTE SPRINGS FL 32714	1.2 NAME	104 Birdsons Road
STREET ADDRESS	TD POPP, ROGER 1545 BRIERCLIFF DRIVE ORLANDO FL 32806	1.3 STREET ADDRESS	Altamonte Springs, FL 32714
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	Vice-president - V Julie Hagen - O
NAME		2.2 NAME	230 W. George Ave
STREET ADDRESS		2.3 STREET ADDRESS	Maitland, FL 32751
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	Treasurer - T Karin Kraftchick - O
NAME		3.2 NAME	317 Dornoch Ct
STREET ADDRESS		3.3 STREET ADDRESS	Winter Springs, FL 32708
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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 *Karin Kraftchick* DATE 4/28/97

CR2E037 (9/96)