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Feb 19 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 # N94000000906 (7)

1. Corporation Name
FLORIDA ASSOCIATION OF REHABILITATION PROFESSIONALS IN THE PRIVATE SECTOR, INC.



Principal Place of Business Mailing Address
1035 S FLORIDA AVENUE SUITE 175 LAKELAND FL 33803 US
CLR. ASSO P O BOX 8738 LAKELAND FL 33806-8738 US

3. Date Incorporated or Qualified 02/18/1994
3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address
21 P.O. BOX 621179 26
22 Suite, Apt. #, etc. 27
23 City & State Orlando, FL 28
24 Zip 32762-1179 25 Country USA 29 30

4. FEI Number 59-3244248 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
PENNACHIO, GERALYN A
1035 S FLORIDA AVE
SUITE 175
LAKELAND FL 33803

10. Name and Address of New Registered Agent
81 Name Stacey M. Podgorski
82 Street Address (P.O. Box Number is Not Acceptable) 3308 Heathgate Ct.
83
84 City Orlando, FL 85 Zip Code 32812

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: [Signature] 1/9/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include GERALYN A PENNACHIO, ALYSON CASPER, ANTHONY H BONTI, CLAUDE B BELTZER.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include President Sandra L. Gracey, Treasurer Stacey M. Podgorski.

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: [Signature] 1/9/97 (407) 349-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0052835

CR2E037 (9/96)