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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
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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**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 P.O. BOX 621179	26	02/18/1994	02/13/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Orlando, FL	28	59-3244248	<input type="checkbox"/> Not Applicable
24 32762-1179	25 USA	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENNACHIO, GERALYN A 1035 S FLORIDA AVE SUITE 175 LAKELAND FL 33803	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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Dir - President (P)
NAME	PENNACHIO, GERALYN A	1.2 NAME	Sandra L. Gracey
STREET ADDRESS	1035 S FLA AVE, STE 175	1.3 STREET ADDRESS	579 SNOW HILL RD
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	GENEVA, FL 32732
TITLE	SD SECRETARY T	2.1 TITLE	Dir - TREASURER (T)
NAME	CASPER, ALYSON	2.2 NAME	STACEY M. PODGORSKI
STREET ADDRESS	301 NW 84 AVENUE	2.3 STREET ADDRESS	3308 Heathgate Ct.
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	DP	3.1 TITLE	
NAME	SONTI, ANTHONY H	3.2 NAME	
STREET ADDRESS	1035 S FLA AVE, STE 175	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	PB	4.1 TITLE	
NAME	SELTZER, CLAUDE B	4.2 NAME	
STREET ADDRESS	7000 NORA DRIVE, STE 204	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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: *[Signature]* DATE: **1/9/97 (407) 349-1187**

CR2E037 (9/96)