FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

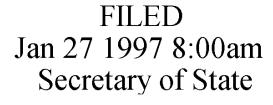
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N94000004911 (3)

CRIPPLED CHILDREN'S SOCIETY AND REHABILITATION C ENTER FOR CHILDREN AND ADULTS, INC.





Principal Place of Business Mailing Address 300 ROYAL PALM WAY 300 ROYAL PALM WAY									
PALM BEACH FL 33480 PALM BEACH FL						3. Date Incorporated or Qualified 09/29/1994	3a. Date of Las 04/29/	t Report	
	Place of Business	2a. Mailing	Address			4. FEI Number 59-0790137	1 04/20/	Applied For	
n		26				- Not Applicat			
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	, , , , , ,	5 Additional Required	
City & State		´	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees		
Zip	Country	28 Zip		Count	r)(Trust Fund Contribution			
24	25	29	}	30	' y	This corporation has liability for Florida Statutes	intangibje tax unde] Yes D No	r s. 199.032,	
91	9. Name and Address of Curr			30		10. Name and Address of New Re		·	
***************************************				8	1 Name				
HENDERSON, PAMELA J									
300 ROYAL PALM WAY				₽	82 Street Address (P.O. Box Number is Not Acceptable)				
	BEACH FL 33480			ē	3				
				le le	4 City		85 2	ip Code	
	·				1 -		FL T		
SIGNATURE	Signature, typed or printed name of registered					corporation submits this statement for the poration's board of directors. I hereby acception is board of directors. I hereby acception in the property of the	DATE		
TITLE	D		DELETE	1.1 TITU	1		Chan		
NAME	HENRY, THORNTON M			1.2 NAM	E				
STREET ADDRESS	505 S FLAGLER DR			1.3 STR	ET ADDRESS				
CITY - ST - ZIP	W PALM BEACH FL 33401			1.4 CITY	-ST-ZIP				
TITLE	D		DELETE	2.1 TITL	E		L. Chan	ge Additio	
NAME	REYNOLDS, WILEY R III			2.2 NAM	E				
STREET ADDRESS	255 S COUNTY RD			2.3 STRI	ET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480			2. 4 CIT	Y-ST-ZIP				
TITLE	D		DELETE	3.1 T(T)			Chan	pe Additio	
NAME	FARRELL, JAMES S MAG.			3.2 NAM	E	Mr.	,		
STREET ADDRESS		STE. 500		3 3 STR	ET ADDRESS				
CITY - S1 - ZIP	W PALM BEACH FL 33401			3.4. CIT	r-st-zip				
THTLE	M		DELETE	4.1 TITL	E		Chan	ge 🔲 Additio	
NAME	HENDERSON, PAMELA J.			4. 2 NAM	AE				
STREET ADDRESS					EET ADDRESS				
CITY-S1-ZIP	PALM BEACH FL		DOLETE		-ST-ZIP		[7 a)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TITLE		L	DELETE	5.1 TITL			Chan	ge Additio	
NAME				5.2 NAN					
STREET ADDRESS				1	EET ADDRESS				
CITY-ST-ZIP	1			■ 5.4 CITY	- \$1 - ZIP	l			
			DELETE			1	["] Chan	متقاطية ا عم	
TITLE			DELETE	6.1 TITI.	E		Chan	ge L. Additic	
TITLE NAME			DELETE	6.1 TITI. 6.2 NAM	E IE		Chan	ge 🔲 Additio	
TITLE			DELETE	6.1 TITI. 6.2 NAM 6.3 STR	E		[] Chan	ge L. Additio	

I. 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 43 if changed, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Daytime Phone # 0039467