FILE NOW: FILING FEE IS $61.25

1-3

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N95000001123 (7)**

1. Corporation Name

ACCESSIBLE ALTERNATIVES, INC.

Principal Place of Business
1730-A AMERICANA BLVD.
ORLANDO FL 32839

Mailing Address
1730-A AMERICANA BLVD.
ORLANDO FL 32839

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report: N/A

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

4. FEI Number: 59-3303506 — 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

DUFFY, KAREN G
1409 NEWBRIDGE LANE
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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, typed or printed name of registered agent, & Title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E037 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member-Board of Director Artis Mccray ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Member Board of Directors Donna Sofka Marini 7540 Dockside St: Winter Park, FL. 32792 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasuer Board of Dir. Cheryl Labbe ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Member Board of Directors H.Clay Parker 108 East Hillcrest St. Orlando, FL. 32801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Member Board of Directors Donna Deitrick ~~P.O. Box 3028~~ 9137 Leswood St. Orlando, Fl. ~~32802~~ 32825 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 100001863031 -06/17/96--01007--027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	***61.25 ☐ Change ☐ Addition C/13

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: _____ 13 May 96 407-859-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(Karen Duffy) Executive Director (SEE ATTACHED)

N95000001123 2-3

Accessible Alternatives, Inc.
A TRANSITIONAL LIVING FACILITY

OFFICERS & BOARD OF DIRECTORS

		Home	Work	Fax	
Executive Director	Karen Duffy	273-9420	859-1444	859-0989	(SINCE 3/95)
President:	Edith Raby	671-5562	623-1070	623-1390	
Vice President:	Barbara Phelps	788-6518	660-9665	660-0260	
Secretary /Treasurer:		To be filled			
Member	Bill Baker	277-3430	897-2730	897-6487	
Member	Gene Bergeron	682-0172	N/A	N/A	
Member	Donna Deitrick	282-5886	299-5000 Ext.2556	299-5000 Ext.2562	
Member	Donna Sofka Marini	671-4215	N/A	N/A	
Member	Bill Norris	_____	872-3677	843-1608	
Member	H. Clay Parker	_____	425-4910	423-3140	
Member	Peggy Powell, R. N Digital Beeper	365-2518 740-9800	365-9138	365-9138 (Call first)	
Member	Jerry Roberts	855-5518	237-5327	237-4403	
Member	Kim Windt Takach	823-9505 (Unlisted)	N/A	N/A	
Member Emeritous:	J. Darryl Shea, M.D.		425-1556		

1730A AMERICANA BOULEVARD • ORLANDO, FLORIDA 32839 • (407) 859-1444 • FAX (407) 859-0989

ACCESSIBLE ALTERNATIVES, INC.
Board of Directors Roster(continued)

NAME	ADDRESS	SSN
Bill Baker	7115 Moderna Way Orlando, FL 32822	266-58-6105
Gene Bergeron	672 Jamestown Blvd, Apt 1321 Altamonte Springs, FL 32789	070-62-1738
Donna Deitrick	9137 Leswood Street Orlando, FL 32825	267-83-6926
Karen Duffy	1409 Newbridge Lane Orlando, FL 32825	369-46-5488
Donna Sofka Marini	7540 Dockside Street Winter Park, FL 32792	593-12-2992
Bill Norris	3455 Woodbury Court Kissimmee, FL 34746	263-06-8215
H. Clay Parker, IV	108 East Hillcrest Street Orlando, Florida 32801	263-49-2691
Barbara Phelps	1051 Winderley Place, Suite 103 Maitland, FL 32751	045-30-1809
Peggy Powell	P.O. Box 1615 Oviedo, FL 32765	264-52-7188
Edith Raby	1007 Bradford Drive Winter Park, FL 32792	225-62-4810
Jerry Roberts	1249 Waterwick Cove Circle Orlando, FL 32806	403-64-1140
Dr. J. Darryl Shea,	100 W. Gore Street Orlando, FL 32806	091-24-8901
Kimberly Takach	5909 Mausser Dr., Apt. C Orlando, FL 32822	263-99-7586