FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N95000001733 (3)**

1. Corporation Name

PALM BEACH COUNTY SCHOOL FOR AUTISM AND SIMILAR DISABILITIES, INC.

Principal Place of Business	Mailing Address
557 N.W. 54TH ST. BOCA RATON FL 33487	557 N.W. 54TH ST. BOCA RATON FL 33487

3. Date Incorporated or Qualified: 04/07/1995
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0572521 ☐ 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**

KOENIG, LINDA A
557 N.W. 54TH ST.
BOCA RATON FL 33487

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KOENIG, LINDA A	
STREET ADDRESS	557 N.W. 54TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPT	☐ DELETE
NAME	KOENIG, JAMES T	
STREET ADDRESS	557 N.W. 54TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	☐ DELETE
NAME	ARVANITIS, SANDRA	
STREET ADDRESS	21092 LAS BRISAS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ DELETE
NAME	MILICH, LISA	
STREET ADDRESS	540 N.W. 55TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ DELETE
NAME	MILICH, ROBERT	
STREET ADDRESS	540 N.W. 55TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ DELETE
NAME	SABATINI, RENE (correction)	
STREET ADDRESS	~~540 N.W. 55TH STREET~~ 354 N.E. 16th TERR.	
CITY-ST-ZIP	~~BOCA RATON FL 33487~~ Pompano Beach, Fl. 33064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Linda A. Koenig — January 1996 — 407 994-1(?)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #