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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004725 (5)

1. Corporation Name

MADHATTER'S COMMUNITY SUPPORT GROUP, INC.



Principal Place of Business

1255 SOPHIE BLVD.
ORLANDO FL 32828

Mailing Address

1255 SOPHIE BLVD.
ORLANDO FL 32828-5918

3. Date Incorporated or Qualified
09/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEL Number

59-3402409

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

10. Name and Address of New Registered Agent

DAVIS, JIM
1255 SOPHIE BLVD.
ORLANDO FL 32828

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, JIM
STREET ADDRESS 1255 SOPHIE BLVD.
CITY-ST-ZIP ORLANDO FL 32828

TITLE V
NAME GOODWIN, RICK
STREET ADDRESS 1255 SOPHIE BLVD.
CITY-ST-ZIP ORLANDO FL 32828

TITLE T
NAME KOCH, DON
STREET ADDRESS 7942 B SHOALS DRIVE
CITY-ST-ZIP WINTER PARK FL 32817

TITLE S
NAME WARD, COLLEEN
STREET ADDRESS 238 MASTERS BLVD.
CITY-ST-ZIP WINTER PARK FL 32792

TITLE AT
NAME REGO, LOUIS
STREET ADDRESS 1322 PRENOD WAY
CITY-ST-ZIP ORLANDO FL 32835

TITLE AS
NAME CHAMBERS, BRIAN
STREET ADDRESS 4859 NORTH GOLDENROD ROAD, APT. D
CITY-ST-ZIP WINTER PARK FL 32792

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME TROYELL, ROBERT
1.3 STREET ADDRESS 1322 PRENOD WAY
1.4 CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR
5.2 NAME REGO, LOUIS
5.3 STREET ADDRESS 1322 PRENOD WAY
5.4 CITY-ST-ZIP ORLANDO FL 32835

6.1 TITLE DIRECTOR
6.2 NAME CHAMBERS, BRIAN
6.3 STREET ADDRESS 4859 NORTH GOLDENROD ROAD, APT. D
6.4 CITY-ST-ZIP WINTER PARK, FL 32792

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017729

CR2E037 (9/96)