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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703423 (4)

1. Corporation Name

THE CHILDREN'S HOME, INCORPORATED

Principal Place of Business

Mailing Address

10909 MEMORIAL HWY
TAMPA FL 3361510909 MEMORIAL HWY
TAMPA FL 33615-25113. Date Incorporated or Qualified
01/09/19623a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-0696284

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

PARSONS, JON R.
10909 MEMORIAL HIGHWAY
TAMPA FL 33615

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ASD ☒ DELETE
NAME FLACH, PHILIP
STREET ADDRESS 2951 TEAL LANE
CITY - ST - ZIP CLEARWATER FL 346221.1 TITLE ATD ☐ Change ☒ Addition
1.2 NAME Casper, Susan
1.3 STREET ADDRESS 905 S. Dakota
1.4 CITY - ST - ZIP Tampa, Fl. 33606TITLE PD ☐ DELETE
NAME GAUNTT, SELLERS G.
STREET ADDRESS 927 S. HIMES
CITY - ST - ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE 1VPD ☒ DELETE
NAME BOHANNAN, ROBERT E.
STREET ADDRESS 4501 BROOKWOOD DR.
CITY - ST - ZIP TAMPA FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Alexander, Sharon M.
3.3 STREET ADDRESS 2413 Bayshore Blvd. #403
3.4 CITY - ST - ZIP Tampa, Fl. 33629TITLE SD ☐ DELETE
NAME STANGER, TERRI
STREET ADDRESS 5107 POE AVE
CITY - ST - ZIP TAMPA FL 336294.1 TITLE 2VPD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE 2VPD ☐ DELETE
NAME TORGUSEN, ANN
STREET ADDRESS 610 SANTA MARIA DR.
CITY - ST - ZIP TIERRA VERDE FL5.1 TITLE 1VPD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE TD ☐ DELETE
NAME WANDLER, LES
STREET ADDRESS 730 SAND PINE DR., N.E.
CITY - ST - ZIP ST PETERSBURG FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 amendment with an address.

SIGNATURE: *Sandra B. Mortham*
Sandra B. Mortham, Pres. Bd. of Dir. 1/23/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048274

CR2E037 (9/96)

(813) 273 8525