


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711041 (4)**  
1. Corporation Name  
**APALACHEE CENTER FOR HUMAN SERVICES, INC.**



Principal Place of Business P. O. BOX 1782 625 E. TENNESSEE STREET TALLAHASSEE FL 32302	Mailing Address P. O. BOX 1782 625 E. TENNESSEE STREET TALLAHASSEE FL 32302
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3. Date Incorporated or Qualified  
**06/14/1966**

4. FEI Number  
**59-1162148**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State	27 City & State
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip	25 Country	28 Zip	30 Country
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**KIRKLAND, RONALD P.  
625 E. TENNESSEE ST.  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	S
NAME	KIRKLAND, RONALD P	1.2 NAME	CONVERTINO, JOHN W
STREET ADDRESS	625 E. TENNESSEE STREET	1.3 STREET ADDRESS	625 E. TENNESSEE STREET
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	VP	2.1 TITLE	
NAME	GOSEN, CHRIS H	2.2 NAME	
STREET ADDRESS	625 E. TENNESSEE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	<del>VP</del>	3.1 TITLE	
NAME	<del>BEMBRY, GARY L</del>	3.2 NAME	
STREET ADDRESS	<del>625 E. TENNESSEE STREET</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FALK, HARRY J	4.2 NAME	
STREET ADDRESS	625 E. TENNESSEE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FLEET, EDWIN	5.2 NAME	
STREET ADDRESS	625 E. TENNESSEE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	DAVIS, FORREST J	6.2 NAME	
STREET ADDRESS	625 E. TENNESSEE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S
1.2 NAME	CONVERTINO, JOHN W
1.3 STREET ADDRESS	625 E. TENNESSEE STREET
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
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	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 OF JOHN W CONVERTINO 1/7/98 950-487-0206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007884

CR2E037 (10/97)