FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **732111** **(0)**

1. Corporation Name
WAYSIDE HOUSE, INC.

FILED
95 JAN 25 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
378 NORTHEAST 6TH AVENUE DELRAY BEACH FL 33483	378 NORTHEAST 6TH AVENUE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 03/11/1975
3a. Date of Last Report: 02/11/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

ADAMS, JOHN ROSS
101 S.E. SIXTH AVE.
STE. G
DELRAY BEACH FL 33483

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ONEAL, PERRY H.	1.2 NAME		
STREET ADDRESS	588 BANYAN RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF STREAM FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	CALLAWAY, PHYLLIS	2.2 NAME		
STREET ADDRESS	67 SPANISH RIVER DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYLES, KATHERINE J.	3.2 NAME		
STREET ADDRESS	302 GULFSTREAM DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 0	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	MILSTEAD, JANE	4.2 NAME		
STREET ADDRESS	816 NE 72ND ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	BROWER, STEPHANIE	5.2 NAME		
STREET ADDRESS	6100 N. OCEAN BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCEAN RIDGE FL	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	ALLERTON, SHIRLEY	6.2 NAME		
STREET ADDRESS	320 SANDPIPER LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	6.4 CITY-ST-ZIP		

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)(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: Perry H. O'Neal 17 January 1995 (407) 278-0055
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #
Perry H. O'Neal

0013588