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(1)

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR -8 PM 3:48

DOCUMENT # **744935** (8)

1. Corporation Name

BREHON INSTITUTE FOR HUMAN SERVICES, INC.

Principal Place of Business	Mailing Address
1815 S GADSDEN ST TALLAHASSEE FL 32301-7611 US	1815 S GADSDEN ST TALLAHASSEE FL 32301-7611 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1978
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1865406 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HIGHTOWER, ROBERT S. ESQ
211 S. GADSDEN ST.
P.O. BOX 4165
TALLAHASSEE FL 32315

10. Name and Address of New Registered Agent

01 Name: Kay E. Schisler, Executive Director
02 Street Address (P.O. Box Number is Not Acceptable): 1815 So. Gadsden Street
03
04 City: Tallahassee FL 05 Zip Code: 32301

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: Kay E Schisler, Ex. Director — DATE: 1-20-95
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	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	SNELL, ROBERT REV	1.2 NAME		
STREET ADDRESS	1984 CHATSWORTH WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	~~DF~~ DV	2.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, BARBARA PHD	2.2 NAME		
STREET ADDRESS	2531 GOOSE POND CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	SAILOR, LOUVENIA	3.2 NAME		
STREET ADDRESS	8 W JEFFERSON ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	COWLES, BILL	4.2 NAME		
STREET ADDRESS	RT. 3, BOX 774	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	~~BUHLER,~~ BEVERLY	5.2 NAME	NANCE, Beverly	
STREET ADDRESS	~~2000-1~~ THOMASVILLE	5.3 STREET ADDRESS	908 Thomasville Rd	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, Fl.	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TILFORD, LILLIAN	6.2 NAME		
STREET ADDRESS	509 MAGNOLIA DR, #241M	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE 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: Rev. Robert S. Snell — January 20, 1995 — (904) 893-5387
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0002010

THE BREHON INSTITUTE FOR HUMAN SERVICES, INC.

Infant Wellness and Family Support Services

1815 South Gadsden Street ■ Tallahassee, Florida 32301
(904) 224-1734 ■ FAX: (904) 222-5666

Board Members

BREHON INSTITUTE FOR HUMAN SERVICES, INC.

Doctor Carlos Albizu 2717 Bedford Way Tallahassee, FL 32308	Director
Ms. Pamela Anderson 3641 Parsonage St. Tallahassee, FL. 32308	Director
Mr. Bill Cowles RT 3 Box 774 Tallahassee, FL.32308	Director/Treasurer
Doctor Barbara Foster 2531 Goose Pond Court Tallahassee, FL. 32308	Director/Vice Chair
Ms. Louvenia Sailor Rt 2 Box 368A Quincy, FL. 32350	Director/Secretary
Ms Harriet Williams 117 S Gadsden St Tallahassee, FL .32301	Director
Mr. Gordon Punshon 4409 W. Shannon Lakes Tallahassee, Fl. 32308	Director
Rev. Bob Snell 1984 Chatsworth Way Tallahassee, FL. 32308	Director/Chair
Ms. Lillian Tilford 509 Magnolia Dr #241M Tallahassee,FL.32301	Director
Ms. Beverly Nance 908 Thomasville Rd Tallahassee,FL.32303	Director