FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **11/15/1978**
3a. Date of Last Report: **03/08/1995**

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

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 1260 Paul Russell Rd	26 1260 Paul Russell Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee FL	City & State 28 Tallahassee, FL
Zip 24 32301 Country 25 Leon	Zip 29 32301 Country 30 Leon

9. Name and Address of Current Registered Agent

SCHISLER, KAY E.
1815 S. GADSDEN ST.
TALLAHASSEE FL 32301

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 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 _____ 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	DC	☐ DELETE	1.1 TITLE	Director	☑ Change ☐ Addition
NAME	SNELL, ROBERT REV		1.2 NAME	Beverly Coleman	
STREET ADDRESS	1984 CHATSWORTH WAY		1.3 STREET ADDRESS	908 Thomasville Rd.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	DV	☐ DELETE	2.1 TITLE	Director Secretary	☑ Change ☐ Addition
NAME	FOSTER, BARBARA PHD		2.2 NAME	Harriet Williams	
STREET ADDRESS	2531 GOOSE POND CT		2.3 STREET ADDRESS	117 S. Gadsden St.	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	DS	☑ DELETE	3.1 TITLE	CEO Schisler	☐ Change ☑ Addition
NAME	SAILOR, LOUVENIA		3.2 NAME	Kay Schisler	
STREET ADDRESS	8 W JEFFERSON ST		3.3 STREET ADDRESS	1260 Paul Russell Rd.	
CITY-ST-ZIP	QUINCY FL		3.4 CITY-ST-ZIP	Tallahassee, Fla. 32301	
TITLE	DT	☐ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	COWLES, BILL		4.2 NAME	Pamela Anderson	
STREET ADDRESS	RT. 3, BOX 774		4.3 STREET ADDRESS	5264 Quail Valley Rd	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, Fla. 32308	
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NANCE, BEVERLY		5.2 NAME		
STREET ADDRESS	908 THOMASVILLE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	500001776625	☐ Change ☐ Addition
NAME	TILFORD, LILLIAN		6.2 NAME	-04/11/96--01048--012	
STREET ADDRESS	509 MAGNOLIA DR, #241M		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Kay Schisler 2-7-96 656-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kay Schisler

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