

FILE NOW: FILING FEE IS \$61.25

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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744935** (8)

1. Corporation Name

BREHON INSTITUTE FOR HUMAN SERVICES, INC.

Principal Place of Business

1260 PAUL RUSSELL RD.
TALLAHASSEE FL 32301
US

Mailing Address

1260 PAUL RUSSELL RD.
TALLAHASSEE FL 32301
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHISLER, KAY EL ROAD
1260 PAUL RUSSELL ROADS
LLAHASSEE, FL
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

11/15/1978

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. 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

PUNSHON, GORDON
4409 WEST SHANNON LAKES
TALLAHASSEE FL

TITLE

DP

☐ DELETE

NAME

WILLIAMS, HARRIET
117 S. GADSDEN ST.
TALLAHASSEE FL

TITLE

CEO

☐ DELETE

NAME

SCHISLER, KAY
1260 PAUL RUSSELL RD.
TALLAHASSEE FL 32301

TITLE

DT

☐ DELETE

NAME

COWLES, BILL
RT. 3, BOX 774
TALLAHASSEE FL

TITLE

DV

☐ DELETE

NAME

ANDERSON, PAMELA
5264 QUAIL VALLEY RD.
TALLAHASSEE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Anderson, Pamela
5264 Quail Valley Rd.
Tallahassee FL

DV
Rogers, Laura
1741 Marston Place
Tallahassee FL 32312

14. I 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0007220

CR2E037 (10/97)