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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744935**

1. Corporation Name
BREHON INSTITUTE FOR HUMAN SERVICES, INC.

Principal Place of Business	Mailing Address
1260 ~~PAUL RUSSELL RD.~~ TALLAHASSEE FL 32301 US	1260 PAUL RUSSELL RD. TALLAHASSEE FL 32301 US

2. Principal Place of Business
21 1260 Cedar Center Drive
22 Suite, Apt. #, etc.
23 City & State: Tallahassee Fl.
24 Zip: 32301 25 Country: Leon

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualifed: 11/15/1978

4. FEI Number: 59-1865406 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~SCHISLER, KAY~~ Freeman
~~1260 PAUL RUSSELL RD~~ Cedar Center Dr.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Kay Freeman
82 Street Address (P.O. Box Number is Not Acceptable): 1260 Cedar Center Dr.
83
84 City: Tallahass FL 85 Zip Code: 32301

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: Kay Freeman Ex. Director Kay Freeman DATE: 1/20/99
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	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, LAURA		1.2 NAME	
STREET ADDRESS	1741 MARSTON PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, HARRIET		2.2 NAME	
STREET ADDRESS	117 S. GADSDEN ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	~~SCHISLER, KAY~~		3.2 NAME	CEO Freeman, Kay
STREET ADDRESS	~~1260 PAUL RUSSELL RD.~~		3.3 STREET ADDRESS	1260 Cedar Center Dr
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP	
TITLE	DT	☑ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME	COWLES, BILL		4.2 NAME	Secretary Garry Gannon
STREET ADDRESS	RT. 3, BOX 774		4.3 STREET ADDRESS	1260 Cedar Center Dr
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee Fl. 32301
TITLE	DV	☑ DELETE	5.1 TITLE	☐ Change ☑ Addition
NAME	ANDERSON, PAMELA		5.2 NAME	Treasurer Max Schilling
STREET ADDRESS	5264 QUAIL VALLEY RD.		5.3 STREET ADDRESS	6513 Omaha
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	Tallahassee, Fl. 32308
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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, with all other like empowered.

SIGNATURE: ~~Kay Freeman~~ SIGNATURE REQUIRED Kay Freeman 1/20/99 850 656-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/98)