2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State
08-15-2000 90012 050 ****61.25

DOCUMENT # 744935

1. Entity Name

BREHON INSTITUTE FOR FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
~~1260 CEDAR CENTER DRIVE~~ TALLAHASSEE FL 32301 US	~~1260 CEDAR CENTER DRIVE~~ TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1315 LINDA ANN DRIVE	P.O. BOX 7643
Suite, Apt. #, etc.: ~~EAST~~	Suite, Apt. #, etc.
City & State: TALL. FL	City & State: TALL FL
Zip: 32301 Country: USA	Zip: 32314-7643 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREEMAN, KAY 1260 CEDAR CENTER DR TALLAHASSEE FL 32301	Name: CHERYL ROBBINS Street Address (P.O. Box Number is Not Acceptable): 1315 LINDA ANN DRIVE City: TALLAHASSEE FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Cheryl L. Robbins Executive Director 7-10-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
CHERYL L. ROBBINS

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROGERS, LAURA 1741 MARSTON PLACE TALLAHASSEE FL 32312	☐ Delete	DP ROGERS, LAURA 1741 MARSTON PLACE TALLAHASSEE, FL 32312	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILLIAMS, HARRIET 117 S. GADSDEN ST. TALLAHASSEE FL	☒ Delete	DV ~~MARY~~ BRYANT, MARY 1310 CROSS CREEK, STE A TALLAHFL 32301	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO FREEMAN, KAY 1260 CEDAR CENTER DR TALLAHASSEE FL 32301	☒ Delete	CEO CHERYL L. ROBBINS 1315 LINDA ANN DRIVE TALL. FL 32301	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAMMON, GARY 1260 CEDAR CENTER DR TALLAHASSEE FL 32301	☒ Delete	S REDFEARN, STEPHANIE RR 5 BOX 5362 MONTICELLO, FL	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHILLING, MAX 1260 CEDAR CENTER DR TALLAHASSEE FL 32301	☐ Delete	 1315 LINDA ANN DRIVE TALL. FL 32301	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl L. Robbins CHERYL L. ROBBINS 7-10-00 (850) 656-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #