FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767398** **(1)**

1. Corporation Name
TEMPORARY LIVING CENTER, INC.

Principal Place of Business	Mailing Address
1717 PIEDMONT WEKIVA RD. POST OFFICE BOX 484 APOPKA FL 32703 US	1717 PIEDMONT WEKIVA RD. POST OFFICE BOX 484 APOPKA FL 32703 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **03/10/1983**
3a. Date of Last Report: **03/22/1994**
4. FEI Number: **63-0836930** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TURNER, KATHLEEN
522 ORANGE DR.
APT. 22
ALTAMONTE SPGS. FL 32701

10. Name and Address of New Registered Agent

81 Name: KATHLEEN TURNER
82 Street Address (P.O. Box Number is Not Acceptable): 632 SOUTH HUGHEY AVENUE
83
84 City: ORLANDO **FL** 85 Zip Code: 32801

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: [signature] DATE: 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	MABRAY, SALLY	12 NAME	
STREET ADDRESS	1053 COTTONWOOD CT.	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	MCLEOD, RAYMOND A.	22 NAME	
STREET ADDRESS	48 E. MAIN STREET	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, CLARK A. J	32 NAME	
STREET ADDRESS	2053 EAGLES REST	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	WHITING, JEFF	42 NAME	
STREET ADDRESS	377 MAITLAND AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	TURNER, KATHLEEN	52 NAME	
STREET ADDRESS	522 ORANGE DR. APT #22	53 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☒ Change ☐ Addition
NAME	MULLER, JEANNE	62 NAME	
STREET ADDRESS	377 MAITLAND AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	64 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 added to the attached list with an address.

SIGNATURE: [signature] 5/1/95 407 939-3159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030647

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

1.1 TITLE:	PD
1.2 NAME:	JONES, ERIC
1.3 STREET ADDRESS:	1720 JONES ROAD
1.4 CITY-ST-ZIP:	MELBOURNE FL 32934
2.1 TITLE:	VD
2.2 NAME:	ELLIOTT, CLARK A. J
2.3 STREET ADDRESS:	2053 EAGLES NEST
2.4 CITY-ST-ZIP:	APOPKA FL 32712
3.1 TITLE:	TD
3.2 NAME:	CHAPIN, PATRICK
3.3 STREET ADDRESS:	1219 OAKLEY STREET
3.4 CITY-ST-ZIP:	ORLANDO FL 32806
4.1 TITLE:	D
4.2 NAME:	ROCHE,MAGGIE
4.3 STREET ADDRESS:	1011 TROUTMAN BLVD. #202
4.4 CITY-ST-ZIP:	PALM BAY FL 32905
5.1 TITLE:	D
5.2 NAME:	REGAN, JOSEPH
5.3 STREET ADDRESS:	1098 HUNT STREET N.M.
5.4 CITY-ST-ZIP:	PALM BAY FL 32905
5.1 TITLE:	D
5.2 NAME:	REFFNER, JULIE
5.3 STREET ADDRESS:	921 ROBINHOOD COURT
5.4 CITY-ST-ZIP:	MAITLAND FL 32751
6.1 TITLE:	D
6.2 NAME:	DEVIESE, STEVEN R.
6.3 STREET ADDRESS:	1012 OAK LANE
6.4 CITY-ST-ZIP:	APOPKA FL 32703