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 # 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

3. Date Incorporated or Qualified: 03/10/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 1717 Piedmont Wekiva Rd.
Suite, Apt. #, etc.
27:
City & State
28: Apopka FL.
Zip 29: 32703 Country 30: U.S.

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

8. This corporation has liability for intangible tax under s. 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 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	PD	☐ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	JONES, ERIC		1.2 NAME	DEVIESE, STEVEN	
STREET ADDRESS	1720 JONES ROAD		1.3 STREET ADDRESS	1012 Oak Lane	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	APOPKA, FLORIDA 32704	
TITLE	TD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CHAPIN, PATRICK		2.2 NAME	SCHONTHALER, JOAN	
STREET ADDRESS	1219 OAKLEY STREET		2.3 STREET ADDRESS	100 COVE LAKE COURT	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	LONGWOOD, FL 32799	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ELLIOTT, CLARK A. J		3.2 NAME	JACKSON, DANA	
STREET ADDRESS	2053 EAGLES REST		3.3 STREET ADDRESS	215 S. PARRAMORE AVENUE	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ROCHE, MAGGIE		4.2 NAME	MILLS, BARBARA	
STREET ADDRESS	1011 TROUTMAN BLVD. #202		4.3 STREET ADDRESS	1060 WHISTLING WINDS PT.	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	OVEIDO, FL 32765	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REGAN, JOSEPH		5.2 NAME		
STREET ADDRESS	1098 HUNT STREET N.M.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	300001888429	☐ Change ☐ Addition
NAME	REFFNER, JULIE		6.2 NAME	-07/03/96--01108--033	
STREET ADDRESS	921 ROBINHOOD COURT		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	MAITLAND 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: _____ 4/10/1996 (407) 245-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #