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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 APOPKA FL 32703-7628

3. Date Incorporated or Qualified: 03/10/1983
3a. Date of Last Report: 05/01/1996

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

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
62 SOUTH HUGHEY AVENUE
ORLANDO FL 32801

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 K Turner KATHLEEN TURNER, EXECUTIVE DIRECTOR 4/23/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	JONES, ERIC		1.2 NAME	SCHONTHALER, JOAN	
STREET ADDRESS	1720 JONES ROAD		1.3 STREET ADDRESS	100 COVE LAKE COURT	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CHAPIN, PATRICK		2.2 NAME	DEVIESE, STEVE n/a	
STREET ADDRESS	1219 OAKLEY STREET		2.3 STREET ADDRESS	P.O. BOX 103	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	APOPKA FL	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ELLIOTT, CLARK A. J		3.2 NAME	MILLS, BARBARA	
STREET ADDRESS	2053 EAGLES REST		3.3 STREET ADDRESS	1060 WHISTLING WINDS POINT	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	OVEIDO FL	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ROCHE, MAGGIE		4.2 NAME	MCLEOD, WILLIAM	
STREET ADDRESS	1011 TROUTMAN BLVD. #202		4.3 STREET ADDRESS	48 MAIN STREET	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	APOPKA FL	
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		☐ Change ☐ Addition
NAME	REFFNER, JULIE		6.2 NAME		
STREET ADDRESS	921 ROBINHOOD COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

14. I do 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

CR2E037 (9/96)