

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25099

1. Entity Name

CHILDRENS HOME COMMUNITY CENTER, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90007 030 ****61.25

Principal Place of Business 5818 HIGHWAY 2 LAUREL HILL FL 32567	Mailing Address 17655 HWY 331 N DEFUNIAK SPRGS FL 32433 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO Box 188 Suite, Apt. #, etc.
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City & State Laurel Hill, FL	4. FEI Number 59-2967288	Applied For Not Applicable
Zip 32567	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ADAMS, CHARLES 33 HAIGH HILL RD DEFUNIAK SPRINGS FL 32433	7. Name and Address of New Registered Agent Name: CHARLES E. WILLIS Street Address (P.O. Box Number is Not Acceptable): 1316 ALLEN RD City: LAUREL HILL FL Zip Code: 32567
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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: CHARLES E. WILLIS, PRESIDENT DATE: 4/29/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, CHARLES 33 HAIGH HILL RD DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILLIS, CHARLES 1316 ALLEN RD. LAUREL HILL, FL 32567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, CHARLES 5818 HWY 2 LAUREL HILL FL 32567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D STAGAMAN, GLENN 355 WINDY HILL RD LAUREL HILL, FL 32567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LINDA 1022 FROST LANE LAUREL HILL FL 32567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LOVERING, TERESA 753 WINDY HILL RD LAUREL HILL, FL 32567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, CYNTHIA 17655 HWY 331 N DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Richardson, Sylvia 701 WINDY HILL RD LAUREL HILL, FL 32567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROWE, EMILY C 971 CARNLEY LN LAUREL HILL FL 32567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BONNIE 525 WINDY HILL RD LAUREL HILL, FL 32567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARY NELL FINLEY 807 FROST LN LAUREL HILL FL 32567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CHARLES E. WILLIS DATE: 4/29/00 TELEPHONE: 850-834-4627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)