

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 21 AM 9:56

DOCUMENT # N29832 (5)

1. Corporation Name
QUIGLEY HOUSE, INC.

Principal Place of Business Mailing Address
P.O. BOX 142 P.O. BOX 142
ORANGE PARK FL 32067 ORANGE PARK FL 32067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1988	3a. Date of Last Report 04/13/1994
4. FEI Number 59-2935027	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KELLY, EDWARD L.
1600 FIRST UNION BLDG.
200 W. FORSYTH ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE DN	CRENSHAW, KRISTINA M
NAME	1728 KINGSLEY AVE S12
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	
TITLE DP	IRVINE, CHANCE
NAME	2099 E WINTERBOURNE
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	
TITLE DS	BONNER, CAROL
NAME	81 PREAKNESS PLZ
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	
TITLE DT	WILLIAMS, CONNIE
NAME	2000-C WELLS RD
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	
TITLE D	BERLIN, DAWNA
NAME	P.O. BOX 4514 N/A
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	
TITLE D	BOCCIA, MONICA
NAME	1921 ROSE MALLOW LN
STREET ADDRESS	ORANGE PARK FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE DP	Crenshaw, Kristina M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	1726 Kingsley Ave. # 12
13 STREET ADDRESS	Orange Park, FL 32073
14 CITY - ST - ZIP	
21 TITLE DV	Tudy Sevetz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	178 Cedar Run Dr.
23 STREET ADDRESS	Orange Park, FL 32073
24 CITY - ST - ZIP	
31 TITLE DS	Cynthia Mayzell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	779 Ennis Drive
33 STREET ADDRESS	Orange Park, FL 32073
34 CITY - ST - ZIP	
41 TITLE DT	Cindy Kuzel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	1734 Kingsley Ave.
43 STREET ADDRESS	Orange Park, FL 32073
44 CITY - ST - ZIP	
51 TITLE D	Carol Studdard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	965 Sandpiper Lane
53 STREET ADDRESS	Orange Park, FL 32073
54 CITY - ST - ZIP	
61 TITLE D	Sandra Royal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	1608 Colonial Dr.
63 STREET ADDRESS	Green Cove Springs, FL 32049
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 617.03(3)(b), Florida Statutes; 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: Kristina Crenshaw **KRISTINA CRENSHAW** 6-15-95 904-284-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2037 (3/95)