

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 # 703423 (4)

1. Corporation Name

THE CHILDREN'S HOME, INCORPORATED

Principal Place of Business

10909 MEMORIAL HWY
TAMPA FL 33615

Mailing Address

10909 MEMORIAL HWY
TAMPA FL 33615



3. Date Incorporated or Qualified 01/09/1962	3a. Date of Last Report 02/27/1995
4. FEI Number 59-0696284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARSONS, JON R.
10909 MEMORIAL HIGHWAY
TAMPA FL 33615

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1090901753544 -03/22/96--01003--003
83	***70.00
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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Assistant Treasurer D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURMAN, SANDRA	1.2 NAME	Philip Flach
STREET ADDRESS	21 BAHAMA CIRCLE	1.3 STREET ADDRESS	2951 Teal Lane
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Clearwater, FL. 34622
TITLE	FVP <input type="checkbox"/> DELETE	2.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUNTT, SELLERS G.	2.2 NAME	
STREET ADDRESS	927 S. HIMES	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	1st Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHANNAN, ROBERT E.	3.2 NAME	
STREET ADDRESS	4501 BROOKWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARROD, GARY W	4.2 NAME	Teri Stanger
STREET ADDRESS	1715 BAYSHORE BLVD.	4.3 STREET ADDRESS	5107 Poe Ave.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL. 33629
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	2nd Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORGUSEN, ANN	5.2 NAME	
STREET ADDRESS	610 SANTA MARIA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDLER, LES	6.2 NAME	
STREET ADDRESS	730 SAND PINE DR., N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sellers G. Gauntt, Pres. Bd. of Dir. 1/31/96 (813) 273 8525

CR2E037 (12/95)