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FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703423 (4)

1. Corporation Name

THE CHILDREN'S HOME, INCORPORATED

Principal Place of Business

Mailing Address

10909 MEMORIAL HWY
TAMPA FL 33615

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TAMPA FL 33615

3. Date Incorporated or Qualified

01/09/1962

4. FEI Number

59-0696284

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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)

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

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	ATD	<input type="checkbox"/> DELETE
NAME	CASPER, SUSAN	
STREET ADDRESS	905 S. DAKOTA	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAUNTT, SELLERS G.	
STREET ADDRESS	927 S. HIMES	
CITY-ST-ZIP	TAMPA FL	

2.1 TITLE	1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald L. Mellow	
2.3 STREET ADDRESS	3300 W. Lykes Ave.	
2.4 CITY-ST-ZIP	Tampa, FL 33609	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, SHARON M.	
STREET ADDRESS	2413 BAYSORE BLVD. #403	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Teasley	
3.3 STREET ADDRESS	4621 Bayshore Blvd.	
3.4 CITY-ST-ZIP	Tampa, FL 33611	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STANGER, TERRI	
STREET ADDRESS	5107 POE AVE	
CITY-ST-ZIP	TAMPA FL	

4.1 TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael LaPan	
4.3 STREET ADDRESS	5136 Cricket Ln.	
4.4 CITY-ST-ZIP	Wesley Chapel, FL 33543	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TORGUSEN, ANN	
STREET ADDRESS	610 SANTA MARIA DR.	
CITY-ST-ZIP	TIERRA VERDE FL	

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WANDLER, LES	
STREET ADDRESS	730 SAND PINE DR., N.E.	
CITY-ST-ZIP	ST PETERSBURG FL	

6.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cynthia Kimsey Lawrence	
6.3 STREET ADDRESS	P.O. Box 835 "N/A"	
6.4 CITY-ST-ZIP	Largo, FL 33779	

14. 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 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: Ann Torgusen, Pres. Bd. of Dir. 1/13/98 (813) 864-3890

CR2E037 (10/97)