


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000000082 (8)**

1. Corporation Name

**HIGH SPRINGS SOCIAL SERVICES, INC.**



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| Principal Place of Business<br><b>15 SE 1ST AVE<br/>HIGH SPRINGS FL 32643<br/>US</b> | Mailing Address<br><b>PO BOX 1354<br/>HIGH SPRINGS FL 32655<br/>US</b> |
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| 3. Date Incorporated or Qualified<br><b>01/08/1993</b> |
| 4. FEI Number<br><b>59-2898771</b>                     |
| Applied For<br><input type="checkbox"/> Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent<br><b>BONNIE BOTTITA B<br/>1715 SE CEDAR ST<br/>HIGH SPRINGS FL 32643</b> |  |
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| 10. Name and Address of New Registered Agent<br><b>81</b> Name <b>LILLIAN MORVILLE</b><br><b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>23727 N.W. 227TH DR</b><br><b>83</b> <del>P.O. Box 956</del><br><b>84</b> City <b>HIGH SPRINGS</b> <b>FL</b> <b>85</b> Zip Code <b>32655</b> |  |
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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 Lillian M. Morville Lillian M. Morville 4/27/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BT<br>BOTTITA BONNIE<br>1715 SE CEDAR STREET<br>HIGH SPRINGS FL<br><input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>SHARON DIETRICK<br>RT 2 BOX 275 N/A<br>HIGH SPRINGS FL<br><input type="checkbox"/> DELETE               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>LORETTA DOWNS<br>RT 2 BOX 1591<br>HIGH SPRINGS FL 32643<br><input checked="" type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BT<br>Lillian Morville<br>23727 N.W. 227TH DR.<br>HIGH SPRINGS, FL 32655<br><input type="checkbox"/> DELETE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREAS<br>JACK QUIGLEY<br>8 RANCH RD<br>HIGH SPRINGS, FL 32643<br><input type="checkbox"/> DELETE              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>MARGARET DYKES<br>26921 N.W. 193RD AVE<br>HIGH SPRINGS, FL 32643<br><input type="checkbox"/> DELETE    |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PRESIDENT<br>LINDA SADLER<br>20810 N.W. 199TH ST<br>HIGH SPRINGS FL 32643<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | SECRETARY<br>SHARON CHANDLER<br>HWY 44-27<br>HIGH SPRINGS FL 32643<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | VICE PRESIDENT<br>MARGARET DYKES<br>26921 N.W. 193RD AVE<br>HIGH SPRINGS, FL 32643<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | TREASURER<br>JACK QUIGLEY<br>8 RANCH RD<br>HIGH SPRINGS, FL 32643<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 Lillian M. Morville Lillian M. Morville 4/27/98

CP2E037 (10/97)