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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90045 050 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 703423**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/09/1962

4. FEI Number

59-0696284

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PARSONS, JON R.  
10909 MEMORIAL HIGHWAY  
TAMPA FL 33615

10. Name and Address of New Registered Agent

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

TITLE ATD ☐ DELETE  
NAME CASPER, SUSAN  
STREET ADDRESS 905 S. DAKOTA  
CITY-ST-ZIP TAMPA FL

TITLE FVPD ☐ DELETE  
NAME MELLOW, DONALD L  
STREET ADDRESS 3300 W LYKES AVE  
CITY-ST-ZIP TAMPA FL 33609

TITLE SD ☐ DELETE  
NAME TEASLEY, LINDA  
STREET ADDRESS 4621 BAYSHORE LVD  
CITY-ST-ZIP TAMPA FL 33611

TITLE SVPD ☐ DELETE  
NAME LAPAN, MICHAEL  
STREET ADDRESS 5136 CRICKET LN  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE VPD ☐ DELETE  
NAME TORGUSEN, ANN  
STREET ADDRESS 610 SANTA MARIA DR.  
CITY-ST-ZIP TIERRA VERDE FL

TITLE ATD ☐ DELETE  
NAME LAWRENCE, CYNTHIA KIMSEY  
STREET ADDRESS PO BOX 835 N/A  
CITY-ST-ZIP LARGO FL 33779

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE PD ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Ann TorGusen* SIGNATURE REQUIRED: Pres. Bd. of Dir. 2/3/99 (727) 864-3890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)