FILE NOW: FILING FEE IS $61.25

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

DOCUMENT # 703423 (4)

1. Corporation Name
THE CHILDREN'S HOME, INCORPORATED

Principal Place of Business	Mailing Address
10909 MEMORIAL HWY TAMPA FL 33615	10909 MEMORIAL HWY 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

5. Certificate of Status Desired XX **$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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ATD	☐ DELETE	1.1 TITLE	TD	XX Change ☐ Addition
NAME	CASPER, SUSAN		1.2 NAME		
STREET ADDRESS	905 S. DAKOTA		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	XX DELETE	2.1 TITLE	1VPD	☐ Change XX Addition
NAME	GAUNTT, SELLERS G.		2.2 NAME	Donald L. Mellow	
STREET ADDRESS	927 S. HIMES		2.3 STREET ADDRESS	3300 W. Lykes Ave.	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP	Tampa, Fl. 33609	
TITLE	SD	XX DELETE	3.1 TITLE	SD	☐ Change XX Addition
NAME	ALEXANDER, SHARON M.		3.2 NAME	Linda Teasley	
STREET ADDRESS	2413 BAYSORE BLVD. #403		3.3 STREET ADDRESS	4621 Bayshore Blvd.	
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP	Tampa, Fl. 33611	
TITLE	VPD	XX DELETE	4.1 TITLE	2VPD	☐ Change XX Addition
NAME	STANGER, TERRI		4. 2 NAME	Michael LaPan	
STREET ADDRESS	5107 POE AVE		4.3 STREET ADDRESS	5136 Cricket Ln.	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Wesley Chapel, Fl. 33543	
TITLE	VPD	☐ DELETE	5.1 TITLE	PD	X Change ☐ 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	TD	X DELETE	6.1 TITLE	ATD	☐ Change X Addition
NAME	WANDLER, LES		6.2 NAME	Cynthia Kimsey Lawrence	
STREET ADDRESS	730 SAND PINE DR., N.E.		6.3 STREET ADDRESS	P.O. Box 835 "N/A"	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP	Largo, Fl. 33779	

CR2E037 (10/97)

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 SIGNATURE REQUIRED Pres. Bd. of Dir. 1/13/98 (813) 864-3890