

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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