2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90073 004 ****70.00

DOCUMENT # 703423

1. Entity Name

THE CHILDREN'S HOME, INCORPORATED

Principal Place of Business	Mailing Address
10909 MEMORIAL HWY TAMPA FL 33615	10909 MEMORIAL HWY TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0696284 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARSONS, JON R. 10909 MEMORIAL HIGHWAY TAMPA FL 33615	Name: Gerard H. Veneman Street Address (P.O. Box Number is Not Acceptable): 10909 Memorial Highway City: Tampa **FL** Zip Code: 33615

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Gerard H. Veneman, Executive Director — 4/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD CASPER, SUSAN 905 S. DAKOTA TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD Terrin McKay 4520 Ferncroft Circle Tampa, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELLOW, DONALD L 3300 W LYKES AVE TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD TOLLETTE, CHRISTINE 705 S. NEWPORT AVE TAMPA FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD Randy Norris 1439 Kensington Woods Drive Lutz, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NEWMAN, MERIDETH 3102 BEACH DR TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOHANNAN, PATTY 4501 BROOKWOOD DR TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD ARMSTRONG, JEFF 3203 SAN CARLOS ST TAMPA FL 33629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD Linda Harding 201 E. Kennedy Blvd, Ste. 1200 Tampa, FL 33602	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOnald L. Mellow, President of the Board — REQUIRED — 4/4/01 — 813-855-4435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #