

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707262 (2)

1. Corporation Name

THE CHILDREN'S HOME SOCIETY OF FLORIDA



Principal Place of Business

Mailing Address

3027 SAN DIEGO RD  
P O BOX 10097  
JACKSONVILLE FL 32247-0097

3027 SAN DIEGO RD  
P O BOX 10097  
JACKSONVILLE FL 32247-0097

3. Date Incorporated or Qualified  
05/08/1964

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0192430

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISZ, HOWARD  
3027 SAN DIEGO ROAD  
JACKSONVILLE FL 32207

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
TD  
HALSEY, DOUGLAS  
STREET ADDRESS  
200 S. BISCAYNE BLVD., #4980  
CITY - ST - ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
SD  
WARD, CRAIG B  
STREET ADDRESS  
105 E. ROBINSON ST., #501  
CITY - ST - ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
CD  
MORRIS, JOHN E. III  
STREET ADDRESS  
4650 W ATLANTIC AVENUE  
CITY - ST - ZIP  
DELRAY BCH. FL

TITLE ☐ DELETE

NAME  
P  
WEISZ, HOWARD  
STREET ADDRESS  
3027 SAN DIEGO RD  
CITY - ST - ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
D  
ADAMS, RICHARD B. JR.  
STREET ADDRESS  
66 W. FLAGLER #1000  
CITY - ST - ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ 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 ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Griffiths, Chief Financial Officer

1/22/96

Date

904/396-4084

Daytime Phone #

CR2E037 (12/95)