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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

3027 SAN DIEGO RD
P O BOX 10097
JACKSONVILLE FL 32247-00973. Date Incorporated or Qualified
05/08/19643a. Date of Last Report
01/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-0192430

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME HALSEY, DOUGLAS
STREET ADDRESS 200 S. BISCAYNE BLVD., #4980
CITY-ST-ZIP MIAMI FL1.1 TITLE SD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD
NAME WARD, CRAIG B
STREET ADDRESS 105 E. ROBINSON ST., #501
CITY-ST-ZIP ORLANDO FL2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE CD
NAME MORRIS, JOHN E. III
STREET ADDRESS 3803 WOOLBRIGHT ROAD
CITY-ST-ZIP BOYNTON BEACH FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE P
NAME WEISZ, HOWARD
STREET ADDRESS 3027 SAN DIEGO RD
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME ADAMS, RICHARD B. JR.
STREET ADDRESS 68 W. FLAGLER #1000
CITY-ST-ZIP MIAMI FL5.1 TITLE CD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE TD
6.2 NAME STONE, ADELE I.
6.3 STREET ADDRESS 9430 SEA TURTLE LANE
6.4 CITY-ST-ZIP PLANTATION, FL 33324

14. I do 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 to this address.

SIGNATURE: James R. Griffiths, Chief Financial Officer

904/348-2840
March 3, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)