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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 714845

1. Corporation Name

PARTNERS FOR CHILDREN AND FAMILIES, INC.

Principal Place of Business

**BOYS RANCH ROAD
P.O. BOX 129
ALTOONA FL 32702**

Mailing Address

**BOYS RANCH ROAD
P.O. BOX 129
ALTOONA FL 32702**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

06/28/1968

4. FEI Number

23-7024810

Applied For

Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**MICHAEL STEPHENS
19335 PARK PLACE BLVD
EUSTIS FL 32736**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **VCD** ☐ DELETE
NAME **JERRY BROWN**
STREET ADDRESS **504 SE 49TH AVE**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **SD** ☐ DELETE
NAME **TOM CARUTHERS**
STREET ADDRESS **1330 CITIZENS BLVD #101 - COLONIAL BANK**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TD** ☐ DELETE
NAME **MICHAEL STEPHENS**
STREET ADDRESS **19335 PARK PLACE BLVD**
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **CD** ☒ DELETE
NAME **NORMAN, JOE**
STREET ADDRESS **1217 LASALIDA WAY**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☐ DELETE
NAME **RICHARD LIVINGSTON**
STREET ADDRESS **37337 TURNER DR**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☐ DELETE
NAME **DR JOSE GONZALEZ**
STREET ADDRESS **201 MAGNOLIA AVE**
CITY-ST-ZIP **EUSTIS FL 32726**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Jerry Brown**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VCD** ☐ Change ☐ Addition
2.2 NAME **Tom Caruthers**
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 **SD** ☐ Change ☒ Addition
4.2 NAME **Paula Stinson**
4.3 STREET ADDRESS **P.O. Box 673**
4.4 CITY-ST-ZIP **Tavares, FL 32778**

5.1 TITLE **P/M** ☐ Change ☒ Addition
5.2 NAME **Tom Manning**
5.3 STREET ADDRESS **P.O. Box 129**
5.4 CITY-ST-ZIP **Altoona, FL 32702**

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

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: *Tom Manning*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Tom Manning, President**

Date

Daytime Phone #

CR2E037 (11/98)

352669-3252