

FILED
Apr 18, 2000 8:00 am
Secretary of State
01-21-2000 90047 029 ****61.25

DOCUMENT # 714845

1. Entity Name

PARTNERS FOR CHILDREN AND FAMILIES, INC.

Principal Place of Business

Mailing Address

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

BOYS RANCH ROAD
P.O. BOX 129
ALTOONA FLA 32702-0129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country


Zip

Country

6. Name and Address of Current Registered Agent

MICHAEL STEPHENS
19335 PARK PLACE BLVD
EUSTIS FL 32736

AUUUBJCC



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7024810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Shirley L. Grantham

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

39414 C.R. 439

City

Umatilla

FL

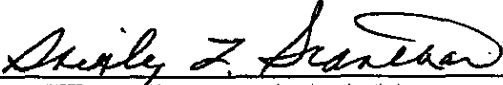
Zip Code

32784

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

Shirley L. Grantham



1/4/2000

DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	CD	<input type="checkbox"/> Delete	TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY BROWN		NAME	Tom Caruthers	
STREET ADDRESS	504 SE 49TH AVE		STREET ADDRESS	18055 US Hwy 441	D
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM CARUTHERS		NAME	Carl Rosenberg	
STREET ADDRESS	1330 CITIZENS BLVD #101 - COLONIAL BANK		STREET ADDRESS	P.O. Box 2349	D
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL STEPHENS		NAME	Shirley Grantham	
STREET ADDRESS	19335 PARK PLACE BLVD		STREET ADDRESS	P.O. Box 25	D
CITY-ST-ZIP	EUSTIS FL 32736		CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Kay Lawson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STINSON, PAULA		NAME	1202 N. Donnelly Street	D
STREET ADDRESS	PO BOX 673		STREET ADDRESS	Mt. Dora, FL 32757	
CITY-ST-ZIP	TAVARES FL				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Stan Hannan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD LIVINGSTON		NAME	1403 Highland Avenue	D
STREET ADDRESS	37337 TURNER DR		STREET ADDRESS	Eustis, FL 32726	
CITY-ST-ZIP	UMATILLA FL 32784				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR JOSE GONZALEZ		NAME	Tom Manning	
STREET ADDRESS	201 MAGNOLIA AVE		STREET ADDRESS	P.O. Box	
CITY-ST-ZIP	EUSTIS FL 32728		CITY-ST-ZIP	Altamonte, FL 32702	

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: 

SIGNATURE REQUIRED

Date

352-7469-3252

Daytime Phone #