FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731145** **(9)**

1. Corporation Name
THE DICK HOWSER CENTER FOR CEREBRAL PALSY, INC.

Principal Place of Business	Mailing Address
240 MABRY ST. TALLAHASSEE FL 32304-3815	240 MABRY ST. TALLAHASSEE FL 32304-3815

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1974**
3a. Date of Last Report: **02/04/1994**
4. FEI Number: **59-1553555** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

EAGEN, CAROLYN
RT 1, BOX 520
SOPCHOPPY FL 32358

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHUMBLER, BRENT	12 NAME	
STREET ADDRESS	PO BOX 5257 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DUNBAR, SUSAN	22 NAME	
STREET ADDRESS	4811 HIGHGROVE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LINDA	32 NAME	
STREET ADDRESS	4761 WILLIAMS RD.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	EASLEY, BETTY	42 NAME	SD KEITH ROBERD
STREET ADDRESS	8036 BOYNTON HOMESTEAD	43 STREET ADDRESS	4317 BEN BLVD.
CITY-ST-ZIP	TALLAHASSEE FL 32312	44 CITY-ST-ZIP	TALLAHASSEE, FL. 32303
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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.

SIGNATURE: Brent S. Chumbler Brent S. Chumbler 4/26/95 904-561-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087233