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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 731145 (9)
1. Corporation Name
DICK HOWSER CENTER FOR CHILDHOOD SERVICES, INC.



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

3. Date Incorporated or Qualified 10/18/1974
3a. Date of Last Report 03/12/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1553555	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			
24	24. Zip	29	29. Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

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 LINDA DAVIS
82 Street Address (P.O. Box Number is Not Acceptable) 39 EGRET Street N
83
84 City Crawfordville FL 85 Zip Code 32327

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 *Linda Davis* Executive Director DATE 4/28/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHUMBLER, BRENT	
STREET ADDRESS	PO BOX 5257 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, KEITH	
STREET ADDRESS	4217 BEN BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DONALDSON, MICHAEL	
STREET ADDRESS	P.O. BOX 190 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EASLEY, KEN	
STREET ADDRESS	6036 BOYNTON HOMESTEAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUDD, CATHY	
STREET ADDRESS	126 KIRKLAND DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Dunbar
2.3 STREET ADDRESS	4811 Highgrove Rd
2.4 CITY-ST-ZIP	Tallahassee, FL 32308
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Steve Black Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Steve Black
5.3 STREET ADDRESS	1203 Oaks Edge Rd
5.4 CITY-ST-ZIP	Tallahassee, FL 32311
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Chumbler, President* DATE 4/23/97 DAYTIME PHONE 904-671-3569

CFR2E037 (9/96)