


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 15 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 240 MABRY ST. TALLAHASSEE FL 32304-3815
 Mailing Address: 12333 MICCOSUKEE TALLAHASSEE FL 32308 US

3. Date Incorporated or Qualified: 10/18/1974
 4. FEI Number: 59-1553555
 Applied For: Not Applicable

2. Principal Place of Business (21-23)
 2a. Mailing Address (26-28)
 24. Zip, 25. Country, 29. Zip, 30. Country

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 DAVIS, LINDA
 39 EGRET STREET N.
 CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City, 85 Zip Code

11. Pursuant to the provisions of sections 817.0502 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: _____ 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 CHUMBLER, BRENT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 5257 N/A	1.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32301	1.3 STREET ADDRESS	4033 Roscrea DR
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	VP DUNBAR, SUSAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4811 HIGHGROVE ROAD	2.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD DONALDSON, MICHAEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 190 N/A	3.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32301	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD EASLEY, KEN	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6038 BOYNTON HOMESTEAD	4.2 NAME	Secretary Mark D. Baldino
STREET ADDRESS	TALLAHASSEE FL 32312	4.3 STREET ADDRESS	2002 Lotus Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D BLACK, STEVEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1203 OAKS EDGE ROAD	5.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Brent Chumbler President of Board* 7/7/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)