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).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 731145

(9)

DICK HOWSER CENTER FOR CHILDHOOD SERVICES, INC.

Principal Place of Business			Ma	Mailing Address					T 100M1 FD80A	FRIOT HOPPE HARIET	ATORI GILL DINIS	I BABAI BION OI	8 E E	919(1100)
240 MABRY ST. TALLAHASSEE FL 32304-3815			TA	12333 MICCOSUKEE TALLAHASSEE FL 32308 US					3. Date Incorpora 10/18/197 4. FEI Number	4	ed		 	ed For
2. Princip	al Place of Busin	ness	28.	Mailing Address					<u>59-155355</u>	<u> </u>		<u> </u>		pplicable
21			26	~				i	5. Certificate of S	tatus Desired	· L	• -	D Add Requ	ditional ired
Suite, Apt. #, etc.			⊢	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be					
City & State				27 City & State				-	Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?					
23			28	— '							Yes	□No		
Zip	Country 25		29	 		Country	ountry		8. This corporation owes or has peid the current year intangible Personal Property Tax due June 30. Yes No					
[27]	9. Name	and Address of Curren		ered Agent	130				10. Name and Ad				<u></u>	
						81	Name							
DAVIS, LINDA				}			Street	Address	idress (P.O. Box Number is Not Acceptable)					
39 EGRET STREET N.														
CRAWFORDVILLE FL 32327							City					85 2	Zip Cod	
						84	•				F			
office o	x registered age	ons of sections 817.0502 ont, or both, in the State of	of Florida.	. Such change was at	uthoriza	ed by th	amed cor recorpor	rporation ration's i	n submits thi s st ater board of directors. I	ment for the p hereby acce	ourpose of ci opt the appo	hanging its intment as	registe registe	red red
1		th, and accept the obligat	tions of, s	ection 617.0503, Flor	rida Sti	tatutes.								
SIGNATUI	Signature, typed	or printed name of registered agen	nt and little if a	applicable. (NO	OTE: Reg	gistered Aç	ent signatur	beriupen er	when reinstating)		DATE			···
12.		OFFICE IN												
		OFFICERS AN	ID DIREC	TORS	_	13.			ADDITIONS/CH/	ANGES TO C	OFFICERS A			IN 12
TITLE	PD		ID DIREC	CTORS DELETE	1.	I.1 TITLE			ADDITIONS/CH/	ANGES TO C	OFFICERS A	AND DIREC		IN 12 Addition
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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 planged, or on an attachment with an address.

FILED

Jul 15 1998 8:00am *

Secretary of State