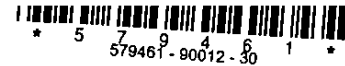


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90267 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731145 <i>Vol</i>					
1. Corporation Name <i>Dick Howser Center for N/C 6/28/96</i> Childhood Services, Inc.					
Principal Place of Business			Mailing Address		
1233 Miccosukee Road Tallahassee, FL 32308					



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	59-1553555	Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
24	Country	29	Zip	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
25	Country	30	Country	Trust Fund Contribution	☐

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINDA DAVIS 39 Egret Street N. Crawfordville, FL 32327				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	Brent Chumblor	D		1.2 NAME			
STREET ADDRESS	PO Box 5257			1.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee, FL 32301			1.4 CITY-ST-ZIP			
TITLE	Vice President	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	Susan Dunbar	D		2.2 NAME			
STREET ADDRESS	4811 Highgrove Road			2.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee FL 32308			2.4 CITY-ST-ZIP			
TITLE	Treasurer	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	Michael Donaldson	D		3.2 NAME			
STREET ADDRESS	PO Box 190			3.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee, FL 32301			3.4 CITY-ST-ZIP			
TITLE	Secretary	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	Mark Baldino	D		4.2 NAME			
STREET ADDRESS	2602 Lotus Drive			4.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee, FL 32312			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ 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, with all other like empowered.

SIGNATURE: *Brent Chumblor* President of Board 4/26/99 850-671-3569
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)