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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:43

DOCUMENT # 732959 (2)

1. Corporation Name

HANDICAPPED GROUP LIVING, INC.

Principal Place of Business	Mailing Address
807 N. LAKE PARK AVE. LAKELAND FL 33801	P.O. BOX 1007 LAKELAND FL 33802-1007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1975
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-1642764 ☐ 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 (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

DAHLY, RONALD E.
807 N. LAKE PARKER AVE.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: CLAUDE M. HARDEN III
82 Street Address (P.O. Box Number is Not Acceptable): ~~807 N. LAKE PARKER AVENUE~~
83: ONE LAKE MORTON DR,.
84 City: LAKELAND, FL 85 Zip Code: 33801

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	D.	11 TITLE	P/D	☒ Change ☐ Addition
NAME	EVANS, JEFFREY	12 NAME	HARRY M. SAWYER III	
STREET ADDRESS	940 ALICIA RD.	13 STREET ADDRESS	1424 TOMAHAWK TRAIL	
CITY-ST-ZIP	LAKELAND FL 33801	14 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	~~XD~~	21 TITLE	V/D	☒ Change ☐ Addition
NAME	~~BOCKSTROM, JAMES H~~	22 NAME	LAURA HAWLEY	
STREET ADDRESS	~~1553 VEGNANIS PATH~~	23 STREET ADDRESS	1508 PADDOCK DRIVE	
CITY-ST-ZIP	~~LAKELAND FL 33809~~	24 CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	~~VD~~	31 TITLE	S/D	☐ Change ☐ Addition
NAME	~~SAWYER, HARRY E III~~	32 NAME	GALEN WALKER	
STREET ADDRESS	~~1424 TOMAHAWK TRAIL~~	33 STREET ADDRESS	2306 CAROL LOOP	
CITY-ST-ZIP	~~LAKELAND FL 33813~~	34 CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	SD	41 TITLE	TREASURER	☒ Change ☐ Addition
NAME	GALEN, WALKER	42 NAME	LEE BURROWS	
STREET ADDRESS	2306 CAROL LOOP	43 STREET ADDRESS	103 S. FLORIDA AVENUE	
CITY-ST-ZIP	PLANT CITY FL 33566	44 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	~~VDX~~	51 TITLE		☐ Change ☐ Addition
NAME	~~HAWLEY, LAURA~~	52 NAME		
STREET ADDRESS	~~1508 PADDOCK DR.~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~PLANT CITY FL 33567~~	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DOCKERY, CARL	62 NAME		
STREET ADDRESS	2310 AZ PARK RD.	63 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	64 CITY-ST-ZIP		

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)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066038