

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735175 (2)

1. Corporation Name

TELEPHONE COUNSELING AND REFERRAL SERVICE, INC.

Principal Place of Business

Mailing Address

527 E PARK AVENUE
P.O. BOX 20169
TALLAHASSEE FL 32316

527 E PARK AVENUE
P.O. BOX 20169
TALLAHASSEE FL 32316



3. Date Incorporated or Qualified
03/08/1976

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21. **527 E. Park Ave.**

26. **P.O. Box 10950**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23. **Tallahassee, FL**

28. **Tallahassee, FL**

Zip

Country

Zip

Country

24. **32301**

25. **Leon**

29. **32302**

30. **Leon**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICKLAUS, RANDALL
8720 MANCHESTER CT
TALLAHASSEE 32311**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

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 **Randall Nicklaus Executive Director**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Randall Nicklaus

1/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MORLEY, SUSAN D.**
STREET ADDRESS **311 MILESTONE**
CITY - ST - ZIP **TALLAHASSEE, FL 00000**

1.1 TITLE **VPD** ☒ Change ☐ Addition
1.2 NAME **Morley, Susan D.**
1.3 STREET ADDRESS **311 Milestone**
1.4 CITY - ST - ZIP **Tallahassee, FL 32302**

TITLE **VD** ☒ DELETE
NAME **GREGORY, BRENT**
STREET ADDRESS **1611 WEKEWA NENE**
CITY - ST - ZIP **TALLAHASSEE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE
NAME **VICKERS, RENN**
STREET ADDRESS **2035 DOOMAR DR**
CITY - ST - ZIP **TALLAHASSEE, FL 00000**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **PD**
3.3 STREET ADDRESS **Vickers, Renn**
3.4 CITY - ST - ZIP **2035 Doomar Dr.**

TITLE **SD** ☐ DELETE
NAME **NELSON, GIDEON**
STREET ADDRESS **4001 KIMBERLY CIR**
CITY - ST - ZIP **TALLAHASSEE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **ED** ☐ DELETE
NAME **NICKLAUS, RANDALL**
STREET ADDRESS **8720 MANCHESTER COURT**
CITY - ST - ZIP **TALLAHASSEE FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **TD**
5.3 STREET ADDRESS **LaVerne Lamb**
5.4 CITY - ST - ZIP **3642 Wilson**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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

01/26/96

(904) 681-9131

Date

Daytime Phone #

Randall Nicklaus Executive Director

CR2E037 (12/95)