

FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735175** (2)
1. Corporation Name
TELEPHONE COUNSELING AND REFERRAL SERVICE, INC.



Principal Place of Business 527 EAST PARK AVE TALLAHASSEE FL 32301 US	Mailing Address PO BOX 10950 TALLAHASSEE FL 32302 US	3. Date Incorporated or Qualified 03/08/1976
		4. FEI Number 51-0201771
		Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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
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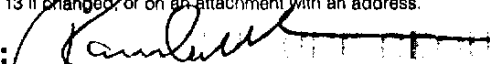
9. Name and Address of Current Registered Agent NICKLAUS, RANDALL 8720 MANCHESTER CT TALLAHASSEE 32311	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRIDEGROOM, SARAH 1801 B FAIRLANE RD TALLAHASSEE, FL 00000 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Bridegroom, Sarah 1922 Sherwood Dr. Tallahassee, FL 32303 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICKERS, RENN 2035 DOOMAR DR TALLAHASSEE, FL 00000 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Graham, Pam 8412 Pine Cone Rd. Tallahassee, FL 32311 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, GIDEON 4001 KIMBERLY CIR TALLAHASSEE FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Stapina, Lee 514 E. Georgia Tallahassee, FL 32303 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED NICKLAUS, RANDALL 8720 MANCHESTER COURT TALLAHASSEE FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMB, LAVERNE 3642 WILSON TALLAHASSEE FL ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD Hair, Kirsten 2806 A.J. Henry Park Drive Tallahassee, FL 32308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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:  Randall Nicklaus (850) 681-9131

CR2E037 (10/97)