

# 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 # 759188**

**(6)**

1. Corporation Name

**TURN ABOUT, INC. OF TALLAHASSEE**

Principal Place of Business

Mailing Address

2771 MICCOSUKEE RD.  
P O BOX 13488 (32317)  
TALLAHASSEE FL 32308

2771 MICCOSUKEE RD.  
P O BOX 13488 (32317)  
TALLAHASSEE FL 32308



3. Date Incorporated or Qualified

**07/16/1981**

3a. Date of Last Report

**03/23/1995**

4. FEI Number

**59-2147472**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCALF, LANCE D.  
2716 EVERETT LANE  
TALLAHASSEE FL 32312

81 Name

**Linda R. Young, Ph.D.**

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

**2771 Miccosukee Road**

83

84 City

**Tallahassee**

**FL**

85

**Zip Code 32308**

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

*Linda R. Young, Ph.D.*

**Linda R. Young, Ph.D., Executive Director**

**2/27/96**

Signature, typed or printed name of registered agent and date if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BRECKENRIDGE, CHARLES  
STREET ADDRESS 1460 LIVE OAK DR.  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD  
NAME DIESTELHORST, JACK  
STREET ADDRESS 2701 EVERETT LANE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☒ DELETE

2.1 TITLE D  
2.2 NAME Mitchell Drew  
2.3 STREET ADDRESS 215 Delta Court  
2.4 CITY-ST-ZIP Tallahassee, FL. 32303 ☒ Change ☐ Addition

TITLE SD  
NAME ELLINOR, CATI  
STREET ADDRESS 3660 HARTSFIELD ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ DELETE

3.1 TITLE SD  
3.2 NAME Abby Walters  
3.3 STREET ADDRESS 203 E. Meridian Dr.  
3.4 CITY-ST-ZIP Tallahassee, FL. 32312 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ 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 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:

*Abby Walters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/96 904-414-2070**

Date

Daytime Phone #

CR2E037 (12/95)