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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:56

DOCUMENT # 768624 (9)

1. Corporation Name

NORTHWEST FLORIDA COMPREHENSIVE SERVICES FOR CHI LDREN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4400 BAYOU BLVD.<br>SUITE 21<br>PENSACOLA FL 32503-2883 | 4400 BAYOU BLVD.<br>SUITE 21<br>PENSACOLA FL 32503-2883 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1983
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2299573 ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 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

PUTTERS, SALLY
11248 HIGHSPRINGS DR
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name: Trawick, Lucy
82 Street Address (P.O. Box Number is Not Acceptable): 334 N. Sunset Blvd.
83
84 City: Gulf Breeze FL 85 Zip Code: 32571

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: _____ Lucy Trawick 01/25/95
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 | VD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCWILLIAMS, NEIL, M.D. | 1.2 NAME | | |
| STREET ADDRESS | 300 W GOZALEZ ST | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL | 1.4 CITY-ST-ZIP | | |
| TITLE | STD | 2.1 TITLE | STD | ☒ Change ☐ Addition |
| NAME | EBEOGLU, SHERYL | 2.2 NAME | Jones, Rosemary | |
| STREET ADDRESS | 154 COUNTRY CLUB RD | 2.3 STREET ADDRESS | 638 Powell Dr. | |
| CITY-ST-ZIP | SHALIMAR FL | 2.4 CITY-ST-ZIP | Fort Walton Beach, FL 32547 | |
| TITLE | PD | 3.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | PUTTERS, SALLY | 3.2 NAME | Trawick, Lucy | |
| STREET ADDRESS | 11248 HIGHSPRINGS DR | 3.3 STREET ADDRESS | 334 N, Sunset Blvd. | |
| CITY-ST-ZIP | PENSACOLA FL | 3.4 CITY-ST-ZIP | Gulf Breeze, FL 32571 | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 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 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:** _____ Neil McWilliams 01/25/95 (904) 474 0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002188