

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G32149** (8)

1. Corporation Name

ALLEN CHILDREN CENTERS, INC.

Previous Place of Business

1804 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32216

Main Address

1804 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/07/1983

3a. Date of Last Report
06/21/1994

4. FEI Number
59-2266897

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. The corporation has liability for intangible tax under 1995 Florida Statutes Yes No

2. Previous Place of Business

2a. Mailing Address

21. State Apt # etc

26. State Apt # etc

22. City & State

27. City & State

23. Zip

28. Zip

24. City & State

29. City & State

9. Name and Address of Current Registered Agent

**SLAGLE, SUSAN, ATTY AT LAW
121 W. FORSYTH ST., #170
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

B1 Name **WILLIAM R. OGBURN**
B2 Street Address (P.O. Box Number is Not Acceptable) **12824 MANDARIN RD.**
B3
B4 City **JACKSONVILLE** **FL** B5 Zip Code **32223**

11. Pursuant to the provisions of Sections 607.0507 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0508, Florida Statutes.

SIGNATURE: *William R. Ogburn* **William R. Ogburn, V.P.** 5-5-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE	PTD
NAME	ALLEN, BARBARA L.
STREET ADDRESS	1804 ST. JOHNS BLUFF RD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	VSD
NAME	OGBURN, WILLIAM R.
STREET ADDRESS	1804 ST. JOHNS BLUFF RD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	D
NAME	ALLEN, ELSIE M.
STREET ADDRESS	2201 RIVERSIDE AVENUE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.1 STREET ADDRESS	
1.2 CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.1 STREET ADDRESS	
2.2 CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.1 STREET ADDRESS	
3.2 CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.1 STREET ADDRESS	
4.2 CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.1 STREET ADDRESS	
5.2 CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.1 STREET ADDRESS	
6.2 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am not entitled for the exemption stated in Section 119.11(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or consolidated 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 holder of a power empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attached report with an address.

SIGNATURE: *William R. Ogburn* **William R. Ogburn** 5-5-95 (004) 642-1164