

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G32149** (8)

1. Corporation Name

ALLEN CHILDREN CENTERS, INC.



Principal Place of Business

**1804 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32216**

Mailing Address

**1804 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
04/07/1983

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2286897

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

Country

29

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OGBURN, WILLIAM R.
128242 MANDARIN RD.
JACKSONVILLE FL 32223**

81 Name **William R. Ogburn**
82 Street Address (P.O. Box Number is Not Acceptable)
1804 S. St. Johns Bluff Rd
83
84 City **Jax** FL 85 Zip Code **32246**

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

William R. Ogburn

William R. Ogburn 4/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME **PTD
ALLEN, BARBARA L.**
STREET ADDRESS **1804 ST. JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME **VSD
OGBURN, WILLIAM R.**
STREET ADDRESS **1804 ST. JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME **D
ALLEN, ELSIE M.**
STREET ADDRESS **2201 RIVERSIDE AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

**600001788326
-04/22/96--01027--008
***200.00**

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

2/28/96

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara L. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 904-642-1164
Daytime Phone

CR2E034 (12/95)