FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:22

DOCUMENT # N00078 (8)

1. Corporate Name
P.A.L.S. COMMUNITY ADVISORY BOARD, INC.

Principal Place of Business	Mailing Address
2418 HATTON ST. SARASOTA FL 34237	2418 HATTON ST. SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1983
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2354722 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PIOTROWSKI, M. L
2418 HATTON ST.
SARASOTA FL 34237

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

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: M L Piotrowski — M. L. Piotrowski — 1/31/95
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	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	HALL, JUDY	1.2 NAME	Hardy, Ann W	
STREET ADDRESS	3651 BENEVA WOODS BLVD.	1.3 STREET ADDRESS	1917 Rose Street	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34239	
TITLE	PD	2.1 TITLE	PD	X Change ☐ Addition
NAME	JONES, CAROLYN	2.2 NAME	Kaighin, Lilly	
STREET ADDRESS	1600 N. CASEY KEY	2.3 STREET ADDRESS	1323 Tangier Way	
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	Sarasota, Fl 34239	
TITLE	VD	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	KINKADE, DEBRA	3.2 NAME	Goff, Rose	
STREET ADDRESS	1999 SECOND ST.	3.3 STREET ADDRESS	847 Hudson Avenue	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LENK, HERBERT	4.2 NAME		
STREET ADDRESS	4001 OAKLEY GREENE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	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)(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: Lilly Kaighin — Lilly Kaighin — (813) 952-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018760