

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90012 050 ****61.25

DOCUMENT # N01000008528

1. Entity Name
TALL PINES FAMILY DEVELOPMENT CENTER, INC.



Principal Place of Business
**120 DUGGAN AVE
CRESTVIEW, FL 32536**

Mailing Address
**P.O. BOX 65
SULLIVAN, IN 47882**

54054151



02232004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3087837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, LARRY C
233 W ARIEL RD
EDGEWATER, FL 32141**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**COB
HINSON, CHARLIE
5835 OLD BETHEL RD
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HINSON, MIKE
5833 OLD BETHEL RD
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LEITSCHUCK, JOHN
5451 MONTEREY RD
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
LINTON, E. ROD
200 SOUTHRIDGE RD
TERRE HAUTE, IN 47802**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. Rod Linton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-04 812-230-0013
Date Daytime Phone #

E. Rod Linton