AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 21 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-01000008528

1. Entity Name
Tall Pines Family Development Center

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
120 Duggan Ave		P.O. Box 65	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Crestview, FL		City & State: Sullivan, IN	
Zip: 32536	Country: USA	Zip: 47882	Country: USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Larry Hoffman

Street Address (P.O. Box Number is Not Acceptable): 233 W. Ariel Rd

100022994841
10/21/03--01131--004 **61.25

City: Edgewater FL Zip Code: 32141

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
Chairman of Board Charlie Hinson 5835 Old Bethel Rd Crestview, FL 52536	
Vice-Chairman Mike Hinson 5833 Old Bethel Rd Crestview, FL 32536	10/23
Secretary John Leitschuck 5451 Monterey Rd Crestview, FL 32539	**DO NOT WRITE IN THIS SPACE**
C.E.O. E. Rod Linton 200 Southridge Rd. Terre Haute, IN 47802	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Rodney Linton 9-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037B (12/02)