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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N03395 (3)

1. Corporation Name

CHARLEE OF CENTRAL FLORIDA, A MENNINGER YOUTH PROGRAM, INC.

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-06/23/95--01080--015
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
500 WINDERLEY PL. SUITE 110 MAITLAND FL 32751 US	500 WINDERLEY PL. SUITE 110 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 06/01/1984
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2453833 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MURRAY, GLORIA
205 BEDFORD RD.
ALTAMONTE SPGS. FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2887 Harbour Grace Court
83
84 City Apopka FL 85 Zip Code 3

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	Pres. (D.) (P)	☒ Change ☐ Addition
NAME	MURRAY, GLORIA	12 NAME	Murray, Gloria	
STREET ADDRESS	205 BEDFORD RD.	13 STREET ADDRESS	2887 Harbour Grace Court	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	14 CITY-ST-ZIP	Apopka Fl. 32703	
TITLE	VPD	21 TITLE	(D.)	☐ Change ☒ Addition
NAME	LAZZARINO, ALEX	22 NAME	Fannon A. Michael	
STREET ADDRESS	MENNINGER CLINIC - BOX 829	23 STREET ADDRESS	365 Kapok Court	
CITY-ST-ZIP	TOPEKA KS	24 CITY-ST-ZIP	Longwood 32779	
TITLE	STD	31 TITLE	V. Pres.	☐ Change ☒ Addition
NAME	HAYES, KENT	32 NAME	Warner Jonnie Mae	
STREET ADDRESS	MENNINGER CLINIC - BOX 829	33 STREET ADDRESS	500 winderly Place	
CITY-ST-ZIP	TOPEKA KS	34 CITY-ST-ZIP	Maitland Fl. 327	
TITLE	D	41 TITLE	CEO. (D)	☐ Change ☒ Addition
NAME	BLANKSLEE, DIANE	42 NAME	Martir, Luis R. Jr	
STREET ADDRESS	1000 WINDERLEY, SUITE 124	43 STREET ADDRESS	4857 COURTLAND LOOP	
CITY ST ZIP	MAITLAND FL	44 CITY-ST-ZIP	WINTER SPRINGS FL. 32708	
TITLE	D	51 TITLE		☐ Change ☒ Addition
NAME	ALLEN, JACK	52 NAME		
STREET ADDRESS	MENNINGER CLINIC, BOX 829	53 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA KS	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BURNAM, PATRICK	62 NAME		
STREET ADDRESS	MENNINGER CLINIC, BOX 829	63 STREET ADDRESS		
CITY-ST-ZIP	TOPEKA KS	64 CITY-ST-ZIP		

JP 6/22
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luis R. Martir 4/14/95 (407) 660-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031781