

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N03476** (1)
1. Corporation Name
HERITAGE HOME FOR CHILDREN AND YOUTH, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/06/1984	3a. Date of Last Report 03/15/1994
4. FBI Number 59-2461605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
LOWERY, GLYN, JR. 3948 HWY 90 PACE FL 32571-8998		LOWERY, GLYN, JR. 3948 HWY 90 PACE FL 32571-8998	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	24. Country	29. Country
25. Zip	30. Zip		

9. Name and Address of Current Registered Agent

LOWERY, GLYN, JR.
3948 HWY 90
PACE FL 32571-8998

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HENRY, EDWIN
STREET ADDRESS	3948 HWY 90
CITY-ST-ZIP	PACE FL
TITLE	V
NAME	ZEPP, STEPHEN E.
STREET ADDRESS	3948 HWY 90
CITY-ST-ZIP	PACE FL
TITLE	S
NAME	DYESS, JAMES D.
STREET ADDRESS	3948 HWY 90
CITY-ST-ZIP	PACE FL
TITLE	D
NAME	WARRICK, DANNY
STREET ADDRESS	3948 HWY 90
CITY-ST-ZIP	PACE FL
TITLE	P
NAME	LOWERY, GLYN, JR.
STREET ADDRESS	3948 HWY 90 E
CITY-ST-ZIP	PACE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D SANDRA F. ZEPP
6.3 STREET ADDRESS	3948 HWY 90
6.4 CITY-ST-ZIP	PACE FL 32571

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 110.07(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: Stephen E. Zepp **STEPHEN E ZEPP - V** 3-17-95 (904) 994-7131
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR Date