

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 28 PM 4:21

DOCUMENT # **N05787** (9)

1. Corporation Name  
**CENTER ONE, ANYONE IN DISTRESS, INC.**

Principal Place of Business Mailing Address  
**3015 N OCEAN BLVD. STE 111  
FT LAUDERDALE FL 33308-7300  
US** **3015 N OCEAN BLVD STE 111  
P.O. BOX 8152  
FT. LAUDERDALE FL 33308  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1984** 3a. Date of Last Report **03/09/1994**  
4. FEI Number **NOT APPLICABLE** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**SCHLEGEL, PAUL  
540 E MCNAB RD  
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 607.0509, Florida Statutes.

SIGNATURE

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

12.1 NAME **PD AFRICK, PAM**  
12.2 STREET ADDRESS **2510 NE 47TH ST.**  
12.3 CITY - ST - ZIP **FORT LAUDERDALE FL 33308**  
12.4 NAME **D HALPERN, STEVEN J.**  
12.5 STREET ADDRESS **899 W CYPRESS CRK. RD. S. 702**  
12.6 CITY - ST - ZIP **FT LAUDERDALE FL 33310**  
12.7 NAME **TD WHITELOCKE, DIANA**  
12.8 STREET ADDRESS **1311 ADAMS ST**  
12.9 CITY - ST - ZIP **HOLLYWOOD FL 33019**  
12.10 NAME **ED WEATHERLAND, JOHN C**  
12.11 STREET ADDRESS **3015 N OCEAN BLVD STE 111**  
12.12 CITY - ST - ZIP **FT LAUDERDALE FL 33308**  
12.13 NAME **VPD JERNIGAN, SKEET**  
12.14 STREET ADDRESS **P.O. 2331 N/A**  
12.15 CITY - ST - ZIP **FT. LAUDERDALE FL**  
12.16 NAME **SD NELSON, STEPHEN J**  
12.17 STREET ADDRESS **10403 NW 5TH CT.**  
12.18 CITY - ST - ZIP **PLANTATION FL 33304**

13.1 1.1 TITLE  Change  Addition  
13.2 1.2 NAME  
13.3 1.3 STREET ADDRESS  
13.4 1.4 CITY - ST - ZIP  
13.5 2.1 TITLE  Change  Addition  
13.6 2.2 NAME  
13.7 2.3 STREET ADDRESS  
13.8 2.4 CITY - ST - ZIP  
13.9 3.1 TITLE  Change  Addition  
13.10 3.2 NAME  
13.11 3.3 STREET ADDRESS  
13.12 3.4 CITY - ST - ZIP  
13.13 4.1 TITLE  Change  Addition  
13.14 4.2 NAME **Weatherhead, John C.**  
13.15 4.3 STREET ADDRESS  
13.16 4.4 CITY - ST - ZIP  
13.17 5.1 TITLE  Change  Addition  
13.18 5.2 NAME  
13.19 5.3 STREET ADDRESS  
13.20 5.4 CITY - ST - ZIP  
13.21 6.1 TITLE  Change  Addition  
13.22 6.2 NAME  
13.23 6.3 STREET ADDRESS  
13.24 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with amendment.

SIGNATURE: *John C. Weatherhead*  
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

**John C. Weatherhead**  
**EXECUTIVE DIRECTOR** 2/16/95 305-537-4111