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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 ... 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11025** **(6)**

1. Corporation Name

FRIENDS OF CHARLEE (CHILDREN HAVE ALL RIGHTS: LE GAL, EDUCATIONAL, EMOTIONAL), INC.

Principal Place of Business	Mailing Address
500 WINDERLEY PLACE. STE 110 MAITLAND FL 32751 US	500 WINDERLEY PLACE. STE 110 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2735429 ☐ 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 SPR FL 32714

10. Name and Address of New Registered Agent

81 Name: Murray, Glorin
82 Street Address (P.O. Box Number is Not Acceptable): 2887 Harbour Grace Court
83
84 City: Apopka FL 85 Zip Code: 32701

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAYES, KENT MENNINGER CLINIC, BOX 829 TOPEKA KS	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CHAIRMAN (CO) (CEO) MARTIR, LUIS R. JR 4957 COURTLAND LOOP WINTER SPRINGS FL. 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAZZARINO, ALEX MENNINGER CLINIC - BOX 829 TOPEKA KS	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice Pres. VP (D) MURRAY, GLORIA 2887 Harbour Grace Court. Apopka FL. 32703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD MURRAY, GLORIA 205 BEDFORD RD ALTAMONTE SPR FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ST/D	Moore, Debra 606C Casa Park Circle Winter Springs Florida 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOKESLEE, DIANE 1000 WINDERLEY #124 MAITLAND FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Hernandez, Felix (D) 610 Casa Park CT D Winter Springs, Florida 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWERS, SANDRA MENNINGER CLINIC - BOX 829 TOPEKA KS	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUNAM, PATRICK MENNINGER CLINIC, BOX 829 TOPEKA KS	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(i), 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 Chairman 2/8/95 (407) 660-2226
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0031707