FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14765** **(4)**

1. Corporation Name

ANTI-RECIDIVIST EFFORT, INC.

Principal Place of Business	Mailing Address
841 BETHUNE VILLAGE DAYTONA BEACH FL 32114 US	P.O. BOX 1928 DAYTONA BEACH FL 32115-1928 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/06/1986**
3a. Date of Last Report: **03/31/1994**
4. FEI Number: **59-2762439** ☐ 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

SIMMS, BARRY C.
841 BETHUNE VILLAGE
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	SHOTZ, RICHARD	12 NAME		
STREET ADDRESS	6217 YELLOWSTONE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	BELL, WILLIAM	22 NAME		
STREET ADDRESS	362 JEFFERSON ST.	23 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE	D SECRETARY	☒ Change ☐ Addition
NAME	HARR, JERRY ELLEN	32 NAME	DAISY C. TAYLOR	
STREET ADDRESS	414 JESSAMINE BLVD.	33 STREET ADDRESS	PO BOX 384 (N/A)	
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	DAYTONA BCH FL 32115	
TITLE	D	41 TITLE	TREASURER	☐ Change ☐ Addition
NAME	MCMILLON, DENNIS	42 NAME		
STREET ADDRESS	489 PINEWOOD ST.	43 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	CHAPLAIN	☒ Change ☐ Addition
NAME	PLOWDEN, LUKE	52 NAME	DR. REV. JESSE D. CUTTON	
STREET ADDRESS	958 MALEY ST.	53 STREET ADDRESS	528 FRED CAMBLE WAY	
CITY-ST-ZIP	DAYTONA BEACH FL	54 CITY-ST-ZIP	DELAND BCH FL 32174	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SIMMS, BARRY C.	62 NAME		
STREET ADDRESS	536 BROWN PELICAN DR.	63 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	64 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)(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: B. Clement Simms 4-12-95 904 255-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000372