

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18379 (0)

1. Corporation Name

DEBBIE LEE CHILDREN'S SERVICES, INC.



Principal Place of Business

Mailing Address

**3417-G TAMiami TRAIL
PT CHARLOTTE FL 33952
US**

**POST OFFICE BOX 476
MURDOCK FL 33938-0476
US**

3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2781795

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GISSENDANNER-DOSTER, BETTY
14399 MADDOCK AVENUE
PORT CHARLOTTE FL 33954**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☒ DELETE
NAME **FITZGERALD, DEBORAH**
STREET ADDRESS **3623 BONAIRE**
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Ankrom, Patricia**
1.3 STREET ADDRESS **1512 Rep DeJanerio**
1.4 CITY-ST-ZIP **Punta Gorda, Florida 33983**

TITLE **VSD** ☐ DELETE
NAME **LYNCH, ROBERT**
STREET ADDRESS **245 LIDO DR**
CITY-ST-ZIP **PUNTA GORDA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **GISSENDANNER-DOSTER, BETTY**
STREET ADDRESS **14399 MADDOCK AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DeRogatis, Virginia**
STREET ADDRESS **11315 Seabreeze Ave**
CITY-ST-ZIP **Englewood, Fla**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **Myrtle Horn**
STREET ADDRESS **2764 Cabaret Street**
CITY-ST-ZIP **Port Charlotte, Florida 33948**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **Teza, Jeanette M**
STREET ADDRESS **1181 Dewhurst Street**
CITY-ST-ZIP **Port Charlotte, FL 33952**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Gissendanner-Doster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1996 941625449
Date Daytime Phone #

CR2E037 (12/95)