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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18379** (0)

1. Corporation Name

DEBBIE LEE CHILDREN'S SERVICES, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last Report 04/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2781795		Applied For Not Applicable	
22 City & State	27 PO BOX 380476	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Zip 33938-0476	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country	30 Country				

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	ROBERTS, RUBY
82 Street Address (P.O. Box Number is Not Acceptable)	16000 RIDGEWOOD CT
83	
84 City	PUNTA GORDA FL
85 Zip Code	33952

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: *Ruby Roberts* (NOTE: Registered Agent signature required when reinstating) DATE: **April 10, 1997**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANKROM, PATRICIA		1.2 NAME	DE ROGATIS, VIRGINIA	
STREET ADDRESS	1512 REP DEJANERIO		1.3 STREET ADDRESS	11315 SEABREEZE AVE	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, ROBERT		2.2 NAME	DE ROGATIS, RONALD	
STREET ADDRESS	245 LIDO DR		2.3 STREET ADDRESS	11315 SEABREEZE AVE	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GISSENDANNER-DOSTER, BETTY		3.2 NAME	MYRT HORN	
STREET ADDRESS	14399 MADDOCK AVE		3.3 STREET ADDRESS	2764 CABARET ST	
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	TEZA, JEANETTE M	
STREET ADDRESS			4.3 STREET ADDRESS	1181 DEWHURST STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	ROBERTS, RUBY	
STREET ADDRESS			5.3 STREET ADDRESS	16000 RIDGEWOOD CT	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PUNTA GORDA FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	HAYDEN, HAROLD	
STREET ADDRESS			6.3 STREET ADDRESS	25548 AREQUIPA DR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983	

14. I do hereby certify that the information supplied with this filing 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: X *Ruby Roberts* REQUIRED DATE: **April 10, 1997** (941) 575-4919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0079497

CR2E037 (9/96)