FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of

DIVISION OF CORPORATIONS

1996

1990				[†] ≤0000181	7745
DOCUMENT 1. Corporation Name	# N19225	(4)		50000181 -05/13/96010 ***81.25	17018
•	OUNCIL FOR CHILD	REN INC.		***************************************	
DAT GODINIT O	OONOIL TON OTHER	MEN MO			
Principal Place of Business		Mailing Address			AKŞU BIBUL BABUL BABUL BIBUL BIBAL HƏBU
•		SED NETWORK			
SED NETWORK P.O.BOX 820		P.O.BOX 820			
PANAMA CITY FL 32402		PANAMA CITY FL 32402		3. Date Incorporated or Qualified	3a. Date of Last Report
US				02/12/1987 4. FEI Number	04/11/1995 Applied For
2. Principal Place of Busin		2a. Mailing Address 26 P.O. Drawer	820	59-2746051	Not Applicable
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required \$5.00 May Be
3 Panama City	FL	City & State	1 FL	Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip /	Country	This corporation has liability for	intangible tax under s. 199.032,
132402	25 Bay	29 32402 31	o <i>Bay</i>	Florida Statutes 10. Name and Address of New F	Yes No
g, Name	and Address of Current	Registered Agent	81 Name		
				Sam Fc/10WS Iress (P.O. Box Number is Not Acceptat	vie).
FYFEANN B.			82 Street Acc	811 Boatrace R	d
500 WEST 11TH STREET PANAMA CITY FL 32401			63		
			84 City /	Cilii	FL 85 Zip Code 339405
		1017 1500 Ft-11- Ct-1 1-0	the shows pared corps	oration submits this statement for the pured of directors. Thereby accept the app	reason of changing its registered office
 Pursuant to the provis or registered agent, o 	sions of Sections 617.0502 a r both, in the State of Florida	and 617,1508, Florida Statutes, t a. Such change was authorized b	by the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	ointment as registered agent. I am
· • • • • • • • • • • • • • • • • • • •	entine obligations of Section	Florida Statutes.	King.		
SIGNATURE SINGE NO	d or printed name of registered agon; a		Registered Agent signature requi	ed when reinstating)	DATE FICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS [F]DELETE	13.	ADDITIONS CHANGES TO GET	Change Addition
TITLE V	OM	Horcer		Donley, Bettye,	- -
	ow,jul i e m. St 15th street		1.3 STREET ADDRESS	Ponley Bettye 1415 College station Re	3
1	A CITY FL			Danama City, FL 3240	Denange Addition
TITLE S		DELETE		morris, Kalhrine	LEPSHAIIGE LEPAGONION
	BLE, LINDA		2.2 NAME 2.3 STREET ADDRESS	BII Balbon AVE	
	ALBOA AVE			Panana City, FL 32401	
TITLE PANAN	IA CITY FL	Ţ] D€ LETE	217006	towart Marter	☐ Crr ange ☐ Addition
1 .	IAN.CLAIRE		3 2 NAME	stewart, Hester	
STREET ADDRESS 1311 B	ALBOA AVE		3.3 STHEET ADDRESS	anama City, FL 32401	
	AA CITY FL	[¶DELETE	41 TITLE		Chenge Addition
NAME FYEE	AANAI D	Parent		Fellows, Sam	
1116	ann B. Est 11th Street		4 3 STREET ADDRESS	5811 Boxtrace Ad.	14.4
	AA CITY FL 32401		4.4 CITY-ST-ZIP	Panama City FL 324	ØS ☐ Addition
TITLE D		(D) 0E cETE	51 TITLE	Clanhonenn Aratalia	Li cualde □ vacuum
	ON, PAIGE		5.2 NAME 5.3 STREET ADDRESS	Stephenson, Gretche P.O. Box 586 (NA)	*
	5TH ST		5.4 CITY-ST-ZIP	Panama City FL 3540	ξ _C
TITLE D	MA CITY FL	DELETE	61 TITLE	<u> </u>	☐ Change ☐ Addition
ן ט	on, greg		62 NAME	vernon, bregave	a lo
	BALBOA AVE			311 Balboa Ave	5-1-96
CITY-ST-ZIP PANA	MA CITY FL	with this filing is voluntarily furnish	6 4 CITY - ST - ZIP ned and does not qualif	to the exemption stated in Section 11	9.07(3)(k) Florida Statutes I further
 14. I do hereby certify the certify that the information 	iat the information supplied that the indicated on this annual indicated on this annual indicated on the ind	ual report or supplemental annua	report is true and acci	urate and that my signature shall have the this report as required by Chapter 617,	e same legal effect as if made under Florida Statutes, and that my name
anih, that I am an al	ficer or director of the carry	or an attachment with an address	BILIDOMOI OU TO EVECOTO		
	\sim	VRF.W.		3/8/96	(404) 283 - 33/2 Daytine Phone #
SIGNATURE:	SKINATURE AND TYPEO OF	PRINTED NAME OF SIGNING OFFICER		Date	Daytime Phone #
X (DPP)	aten A	S DEDUE	sted 4	12/96.	