FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:05

DOCUMENT # N19518 (2)

1. Corporation Name
RMH FAMILY PLACE, INC.

Principal Place of Business	Mailing Address
712 E SEVENTH AVENUE TALLAHASSEE FL 32303	712 E SEVENTH AVENUE TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1987
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2794505 ☐ 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

HUMPHRESS, JOHN K.
1040 E. PARK AVE
TALLAHASSEE FL 32301

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	VD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SHEILA VARN	1.2 NAME	SAMANTHA Boge	
STREET ADDRESS	411 MERIDIAN PLACE	1.3 STREET ADDRESS	2803 Rabbit Hill Road	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	PD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	JANE BARRON	2.2 NAME	Ed Canup	
STREET ADDRESS	413 MERIDIAN PLACE	2.3 STREET ADDRESS	3016 greyabbey	
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	SD	3.1 TITLE	S/D	☐ Change ☐ Addition
NAME	CAROLE ANNE THOMPSON	3.2 NAME	CAROL anne Thompson	
STREET ADDRESS	1304 COVINGTON DR	3.3 STREET ADDRESS	1304 Covington Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32303	3.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	TD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GREGG PATTERSON	4.2 NAME	Pam Gibson	
STREET ADDRESS	3372 PIONEER	4.3 STREET ADDRESS	3200 TRiton circle	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	ED	5.1 TITLE	E/D	☒ Change ☐ Addition
NAME	BURNHAM, BARBARA	5.2 NAME	Kathryn Anderson	
STREET ADDRESS	3001 SHAMROCK S	5.3 STREET ADDRESS	3809 Bundoran Way	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Kathryn W. Anderson 3-6-95 (904)222-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathryn W. Anderson

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