


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25099 (5)
 1. Corporation Name
CHILDRENS HOME COMMUNITY CENTER, INC.

Principal Place of Business Mailing Address
5818 HIGHWAY 2 **5818 HIGHWAY 2**
LAUREL HILL FL 32567 **LAUREL HILL FL 32567**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 17655 HWY 331 N
22 City & State	27 City & State
23 Zip	28 DEFUNIAK SPRINGS, FL
24 Country	29 32433
25	30 WALTON

3. Date Incorporated or Qualified	4. FEI Number	Applied For
03/01/1988	58-2967288	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, NOLAN 3058 HIGHWAY 2 LAUREL HILL FL 32567	81 Name RICKY LOWERY 82 Street Address (P.O. Box Number is Not Acceptable) 5905 COUNTY HWY 2 83 84 City LAUREL HILL, FL 85 Zip Code 32567

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 *Ricky Lowery*
 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, NOLAN	1.2 NAME	RICKY LOWERY
STREET ADDRESS	3056 HIGHWAY 2	1.3 STREET ADDRESS	5905 COUNTY HWY 2
CITY-ST-ZIP	LAUREL HILL FL 32567	1.4 CITY-ST-ZIP	LAUREL HILL, FL. 32567
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, RICKY	2.2 NAME	MARY NELL FINLEY
STREET ADDRESS	HIGHWAY 2	2.3 STREET ADDRESS	807 FROST LANE
CITY-ST-ZIP	LAUREL HILL FL 32567	2.4 CITY-ST-ZIP	LAUREL HILL, FL 32567
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, KEITH	3.2 NAME	EMILY ROWE
STREET ADDRESS	8275 HIGHWAY 2	3.3 STREET ADDRESS	971 CARNLEY LANE
CITY-ST-ZIP	LAUREL HILL FL 32567	3.4 CITY-ST-ZIP	LAUREL HILL, FL. 32567
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CYNTHIA	4.2 NAME	CYNTHIA HUGHES
STREET ADDRESS	HWY 331	4.3 STREET ADDRESS	17655 HWY 331 N.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	DEFUNIAK SPRINGS, FL. 32433
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, EMILY C	5.2 NAME	NOLAN ADAMS
STREET ADDRESS	971 CARNLEY LN	5.3 STREET ADDRESS	3056 COUNTY HWY 2
CITY-ST-ZIP	LAUREL HILL FL 32567	5.4 CITY-ST-ZIP	LAUREL HILL, FL. 32567
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 any attachment, with an address.

SIGNATURE: *Ricky Lowery* 959720-9430

CR2E037 (10/97)