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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25099

1. Corporation Name

CHILDRENS HOME COMMUNITY CENTER, INC.

Principal Place of Business

5818 HIGHWAY 2
LAUREL HILL FL 32567

Mailing Address

17655 HWY 331 N
DEFUNIAK SPRGS FL 32433
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/01/1988

4. FEI Number

59-2967288

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

9. Name and Address of Current Registered Agent

RICKY LOWERY
5905 COUNTY HWY 2
LAUREL HILL FL 32567

10. Name and Address of New Registered Agent

81 Name **CHARLES ADAMS**
82 Street Address (P.O. Box Number is Not Acceptable)
33 HAIGH HILL ROAD
83 **DEFUNIAK SPRINGS, FL. 32433**
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

Charles F. Adams

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D ADAMS, NOLAN**
STREET ADDRESS **3056 HIGHWAY 2**
CITY-ST-ZIP **LAUREL HILL FL 32567**

TITLE ☒ DELETE
NAME **PD LOWERY, RICKY**
STREET ADDRESS **5905 COUNTY HWY 2**
CITY-ST-ZIP **LAUREL HILL FL 32567**

TITLE ☒ DELETE
NAME **D DIXON, KEITH**
STREET ADDRESS **5275 HIGHWAY 2**
CITY-ST-ZIP **LAUREL HILL FL 32567**

TITLE ☐ DELETE
NAME **S HUGHES, CYNTHIA**
STREET ADDRESS **17655 HWY 331 N**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ DELETE
NAME **T ROWE, EMILY C**
STREET ADDRESS **971 CARNLEY LN**
CITY-ST-ZIP **LAUREL HILL FL 32567**

TITLE ☐ DELETE
NAME **VD MARY NELL FINLEY**
STREET ADDRESS **807 FROST LN**
CITY-ST-ZIP **LAUREL HILL FL 32567**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P CHARLES ADAMS**
1.3 STREET ADDRESS **33 HAIGH HILL ROAD**
1.4 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VP CHARLES WILLIS**
2.3 STREET ADDRESS **5818 HWY 2**
2.4 CITY-ST-ZIP **LAUREL HILL, FL. 32567**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D LINDA THOMPSON**
3.3 STREET ADDRESS **1022 FROST LANE**
3.4 CITY-ST-ZIP **LAUREL HILL, FL. 32567**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Charles F. Adams *4-13-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0083697