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

APPROVED AND FILED
95 APR 11 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N27863 (2)

1. Corporation Name
THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.

Principal Place of Business	Mailing Address
123 NORTH MONROE STREET TALLAHASSEE FL 32301-8509	123 NORTH MONROE STREET TALLAHASSEE FL 32301-8509

3. Date Incorporated or Qualified: 08/12/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2908367 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAGGETT, FRED W. 111 SOUTH MONROE STREET SUITE 2000 TALLAHASSEE FL 32301	81 Name: Baggett, Fred W. 82 Street Address (P.O. Box Number is Not Acceptable): 101 East College Avenue 83 84 City: Tallahassee FL 85 Zip Code: 32301

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	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	BAGGETT, FRED W.	1.2 NAME	Baggett, Fred W.	
STREET ADDRESS	010 E COLLEGE AVE	1.3 STREET ADDRESS	101 E College Avenue	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHIEBLER, AUDREY L	2.2 NAME	Schiebler, Audrey L	
STREET ADDRESS	5700 SW 34TH ST., SUITE 232	2.3 STREET ADDRESS	5700 SW 34th St., Suite 323	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL	
TITLE	CD	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, T. WAYNE	3.2 NAME		
STREET ADDRESS	1910 SAN MARCO BOULEVARD	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	ROBERTS, C. PATRICK	4.2 NAME	Roberts, C. Patrick	
STREET ADDRESS	109 E COLLEGE AVE	4.3 STREET ADDRESS	101 E. College Avenue	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL	
TITLE	D	5.1 TITLE	M	☒ Change ☐ Addition
NAME	BENTLEY, WILLIAM H.	5.2 NAME	Vacant	
STREET ADDRESS	123 N MONROE ST	5.3 STREET ADDRESS	123 N Monroe Street	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL	
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: Winifred P. Heggins 4/5/95 904-921-4494
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Winifred P. Heggins
LW 4-11-95

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