SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $883)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29748** **(3)**

1. Corporation Name
OUR PLACE OF BRANDON, INC.

Principal Place of Business	Mailing Address
1009 LITHIA-PINECREST ROAD BRANDON FL 33511	1009 LITHIA-PINECREST ROAD BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1988
3a. Date of Last Report: 02/07/1994
4. FEI Number: ~~APPLIED FOR~~ 592249750 ☐ 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 24 Country 25
Zip 29 Country 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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGERS, RICHARD
508 COCOPLUM DR.
SEFFNER FL 33584

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 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: Richard Rogers DATE: 7/15/95
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	COB	1.1 TITLE	COB	☒ Change ☐ Addition
NAME	DECOURSEY, ED	1.2 NAME	WAYNE BERRY	
STREET ADDRESS	604 N KINGSWAY	1.3 STREET ADDRESS	621 TALLWOOD CIR "D"	
CITY-ST-ZIP	SEFFNER FL	1.4 CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	VCBO	2.1 TITLE	VCOB	☒ Change ☐ Addition
NAME	ROGERS, RICHARD	2.2 NAME	WILLIAM BROMLEY	
STREET ADDRESS	3430 EAGLE RIDGE CT	2.3 STREET ADDRESS	1004 MOOK ST	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	TBOD	3.1 TITLE	TBOD	☒ Change ☐ Addition
NAME	DYKES, LOVEITA	3.2 NAME	CHARLES MILFORD	
STREET ADDRESS	2003 BRYAN RD	3.3 STREET ADDRESS	222 N. DOVER RD	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	DOVER FL 33527	
TITLE	TBOD	4.1 TITLE	TBOD	☒ Change ☐ Addition
NAME	PEREZ, JOE	4.2 NAME	MARY CULLEN	
STREET ADDRESS	110 MASON ST APT B	4.3 STREET ADDRESS	701 CALIENTE DR	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	SBOD	5.1 TITLE	MICHELLE HAGEDON	☒ Change ☐ Addition
NAME	CLARKSON, RAYMA	5.2 NAME	SBOD	
STREET ADDRESS	3430 EAGLE RIDGE CT	5.3 STREET ADDRESS	1351 FOXBORO	
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	BRANDON FL 33511	
TITLE	ASD	6.1 TITLE	TAMMY VANEK	☒ Change ☐ Addition
NAME	HUGHES, VEE	6.2 NAME	ASD	
STREET ADDRESS	1226 QUAIL HOLLOW PLACE	6.3 STREET ADDRESS	1807 ALCORN RD	
CITY-ST-ZIP	VALRICO FL	6.4 CITY-ST-ZIP	VALRICO, FL 33594	

CR2E037 (3/95)

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: Charles C. McGood 7/15/95 813-685-4866
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

00122770