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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N33866 (7)

1. Corporation Name
FLORIDA VOICE FOR CHOICE FOUNDATION, INC.

Principal Place of Business Mailing Address

317 1/2 E. PARK AVE. TALLAHASSEE FL 32301 **317 1/2 E. PARK AVE. TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified **08/24/1989** 3a. Date of Last Report **01/26/1994**

4. FEI Number **59-2987834** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

**CARTER-SMITH, PAIGE
131 N GADSDEN ST
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Carolyn R Pardue**

82 Street Address (P.O. Box Number is Not Acceptable) **317 1/2 E Park Avenue**

83 **Tallahassee**

84 City **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 *Carolyn R. Pardue* **CAROLYN R. PARDUE** **4/30/95**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BARKER, JEFFREY H.
STREET ADDRESS	111 NORTH GADSDEN ST.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	PT
NAME	SMITH-CARTER, PAIGE
STREET ADDRESS	131 NORTH GADSDEN STREET
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	ST
NAME	PARDUE, CAROLYN R.
STREET ADDRESS	809 MADERIA CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	ED
NAME	VILLELLA, MELISSA H
STREET ADDRESS	371 1/2 E PARK AVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP **70000N 474927**

21 TITLE **-05/04/95--0191** Change Addition

22 NAME ******130.00 ****130.00**

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(k), 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: *Carolyn R. Pardue* **CAROLYN R. PARDUE** **4/30/95** **385-7497**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #