

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 01, 1996 08:00 AM
Secretary of State

DOCUMENT # N44208 (9)
1. Corporation Name
ADULT COMPREHENSIVE PROTECTION SERVICES, INC.



Principal Place of Business
**8130-66 ST N
STE 2
PINELLAS PK FL 34665
US**

Mailing Address
**P O BOX 1458
PINELLAS PK FL 34664
US**

3. Date Incorporated or Qualified
07/08/1991

3a. Date of Last Report
03/06/1995

4. FEI Number
59-3107054

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
12

2a. Mailing Address
26 Suite, Apt. #, etc.

23 City & State
28 City & State

24 Zip
25 Country
29 Zip
30 Country

9. Name and Address of Current Registered Agent

**ALLAN, LINDA R.
400 COREY AVENUE
SUITE 200
ST. PETERSBURG FL 33706**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6675 13th Avenue N.

83 Suite 2 C
84 City
St Petersburg **FL** 85 Zip Code
33710

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

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 | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALL, BETH | 1.2 NAME | Kehia Jacobs |
| STREET ADDRESS | 777 S HARBOUR ISL BLVD | 1.3 STREET ADDRESS | 8130 66th St. N. #12 |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | Pinellas Park, FL 34665 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARLSON, CHARLES | 2.2 NAME | Richard Butler |
| STREET ADDRESS | 601 BAYSHORE BLVD #700 | 2.3 STREET ADDRESS | 5265 Park Boulevard N. |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | Pinellas Park, FL 34665 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AITKEN, JAMES | 3.2 NAME | Russell Jurgensen |
| STREET ADDRESS | 25 SECOND STREET NORTH | 3.3 STREET ADDRESS | 910 Palmer Lane |
| CITY-ST-ZIP | ST. PETERSBURG FL | 3.4 CITY-ST-ZIP | Palm Harbor, FL 34685 |
| TITLE | P <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, PATRICIA F. | 4.2 NAME | |
| STREET ADDRESS | 8130 66TH ST N STE 2 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PK FL | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMPSON, RONALD | 5.2 NAME | |
| STREET ADDRESS | 11015 128TH AVENUE NORTH | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARGO FL 33544 | 5.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, PATRICIA | 6.2 NAME | |
| STREET ADDRESS | 8130-66 ST N #2 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PARK FL | 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)(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 **Kehia Jacobs** **Kehia Jacobs** **1-29-96** **813-547-8676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)