FILE NOW: FILING FEE IS $61.25

FILED
Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N44595** **(9)**

1. Corporation Name

VOICES FOR CHILDREN OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
110 NW 1ST AVENUE OCALA FL 34470 US	110 NW 1ST AVENUE OCALA FL 34475-6601 US

3. Date Incorporated or Qualified: 06/05/1991
3a. Date of Last Report: 01/26/1996

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

4. FEI Number: 59-3093995 ☐ 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

9. Name and Address of Current Registered Agent

ORTIZ, GEORGE
203 ~~201~~ NE 8TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 203 N.E. 8th Avenue
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: George Ortiz — DATE: 1/8/97
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	STD	☐ DELETE	1.1 TITLE	TD	☑ Change ☐ Addition
NAME	ORTIZ, GEORGE		1.2 NAME	Ortiz, George	
STREET ADDRESS	203 NE 8TH AVENUE		1.3 STREET ADDRESS	203 NE 8th Avenue	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	HURST, WILLARD		2.2 NAME	Radford, Harvey	
STREET ADDRESS	2073 S.W. 37TH ST. RD.		2.3 STREET ADDRESS	2821 S.W. 36th Drive	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	PD	☐ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	EDWARDS, SYLVIA		3.2 NAME	Edwards, Sylvia	
STREET ADDRESS	2875 SE 45TH STREET		3.3 STREET ADDRESS	2875 S.E. 45th Street	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	Ocala, FL	
TITLE		☐ DELETE	4.1 TITLE	PD	☐ Change ☑ Addition
NAME			4.2 NAME	Campbell, Zola	
STREET ADDRESS			4.3 STREET ADDRESS	P.O. Box 550	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ocala, FL 34478	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: George Ortiz — 1/8/97 — 352-732-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065844