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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44595**

1. Corporation Name

VOICES FOR CHILDREN OF NORTH CENTRAL FLORIDA, IN C.

Principal Place of Business	Mailing Address
MARION COUNTY JUDICIAL COMPEX 110 N.W. FIRST AVENUE OCALA FL 34475	MARION COUNTY JUDICIAL COMPEX 110 N.W. FIRST AVENUE OCALA FL 34475

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/05/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 91-1854844 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PERRY, DAMIAN
MARION COUNTY JUDICIAL COMPEX
110 N.W. FIRST AVENUE
OCALA FL 34475

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 _____ 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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ROSIN, EVELYN		1.2 NAME		
STREET ADDRESS	13024 SE 47TH CIRCLE		1.3 STREET ADDRESS	13024 SE 41st Ct.	
CITY-ST-ZIP	BELLEVIEW FL 34420		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, LOLA		2.2 NAME		
STREET ADDRESS	10051 NE 30TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ANTHONY FL 32617		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHOELLER, JEANNE		3.2 NAME		
STREET ADDRESS	310 SW 39TH PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, DAMIAN		4. 2 NAME		
STREET ADDRESS	7 TEAK PLACE		4 3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, BOBBI		5.2 NAME		
STREET ADDRESS	22 JAMAICA STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34446		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, JANICE M		6.2 NAME		
STREET ADDRESS	1091 SE 59TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34480		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 03/10/99 (352)244-9870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #