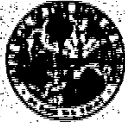


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$158 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$250)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 PM 2:40

DOCUMENT # N47765 (5)
 1. Corporation Name
ST. CHRIS CENTER FOR FAMILY SERVICES INC.

Principal Place of Business Mailing Address
QUAIL ROOST DR. P. O. BOX 238
ROUTE 2 BOX 246 L QUINCY FL 32353-0238
QUINCY FL 32351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/10/1992** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-3110380** 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**
 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

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

9. Name and Address of Current Registered Agent
WILSON, RICHARD
QUAIL ROOST DRIVE
ROUTE 2 BOX 246 L
QUINCY FL 32351

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 re-registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------------|
| TITLE | CEO |
| NAME | WILSON, RICHARD J. |
| STREET ADDRESS | QUAIL ROAST DRIVE RT 2 BOX 246 L |
| CITY - ST - ZIP | QUINCY FL |
| TITLE | VD |
| NAME | WILSON, IRENE B |
| STREET ADDRESS | QUAIL ROAST DRIVE RT 2 BOX 246 L |
| CITY - ST - ZIP | QUINCY FL 32351 |
| TITLE | STD |
| NAME | WILSON, CHRISTOPHER J |
| STREET ADDRESS | QUAIL ROAST DRIVE RT 2 BOX 246 L |
| CITY - ST - ZIP | QUINCY FL |
| TITLE | D |
| NAME | ALLEN, SHIRLEY M |
| STREET ADDRESS | 6702 HARD UP RD |
| CITY - ST - ZIP | ALBANY GA |
| TITLE | D |
| NAME | WILSON, MICHAEL R |
| STREET ADDRESS | P.O. BOX 238 N/A |
| CITY - ST - ZIP | QUINCY FL 32351 |
| TITLE | D |
| NAME | PITTMAN, MAEVAN |
| STREET ADDRESS | 817 HIGH RD |
| CITY - ST - ZIP | TALLAHASSEE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-----------------------|--|
| 1.1 TITLE | CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | WILSON, RICHARD J | |
| 1.3 STREET ADDRESS | 4015 Quail Roost Dr. | |
| 1.4 CITY - ST - ZIP | Quincy, FL 32351 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 4015 Quail Roost Dr. | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Wilson, Christopher J | |
| 3.3 STREET ADDRESS | 228 Olympic Way #11 | |
| 3.4 CITY - ST - ZIP | Melbourne, FL 32901 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | 4015 Quail Roost Dr. | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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 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: *Richard J. Wilson* **Richard J. WILSON** 8-4-95 904-875-1904
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/95)