

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

DOCUMENT # **N47765 (5)**

1. Corporation Name

ST. MICHRS CENTER FOR FAMILY SERVICES INC.



Principal Place of Business

Mailing Address

~~QUAIL ROOST DR.~~
~~ROUTE 2 BOX 246 L~~
~~QUINCY FL 32351~~
US

~~P. O. BOX 238~~
~~QUINCY FL 32353-0238~~
US

3. Date Incorporated or Qualified

03/10/1992

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 **4015 Quail Roost DR**

26 **4015 Quail Roost Drive**

4. FEI Number

59-3110380

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **Quincy, FL**

City & State

28 **Quincy, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

24 **32351-6132**

25 **U.S.**

Zip

Country

29 **32351-6132**

30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, RICHARD
~~QUAIL ROOST DRIVE~~
~~ROUTE 2 BOX 246 L~~
QUINCY FL 32351

81 Name **Richard Wilson, Richard J.**

82 Street Address (P.O. Box Number is Not Acceptable)
4015 Quail Roost Drive

83

84 City **Quincy**

FL

85 Zip Code **32351-6132**

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 *Richard J. Wilson*
Signature, typed or printed name of registered agent and title if applicable

RICHARD J. WILSON
(NOTE: Registered Agent signature required when reinstating)

4 March 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
CEOD	WILSON, RICHARD J.	4015 QUAIL ROOST DRIVE	QUINCY FL	<input type="checkbox"/>
VD	WILSON, IRENE B	4015 QUAIL ROOST DRIVE	QUINCY FL	<input type="checkbox"/>
STD	WILSON, CHRISTOPHER J.	228 OLYMPIC WAY #11	MELBOURNE FL	<input type="checkbox"/>
D	ALLEN, SHIRLEY M	6702 HARD UP RD	ALBANY GA	<input type="checkbox"/>
D	WILSON, MICHAEL R	4015 QUAIL ROOST DRIVE	QUINCY FL	<input type="checkbox"/>
D	PITTMAN, MAEVAN	817 HIGH RD	TALLAHASSEE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard J. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J. WILSON 3/4/96
Date

551-6014
Daytime Phone #

CR2E037 (12/95)