

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**  
**Sep 10, 1998 8:00 am**  
**Secretary of State**

**DOCUMENT # N47765 (5)**

1. Corporation Name

**ST. MICHRIIS CENTER FOR FAMILY SERVICES INC.**



Principal Place of Business

Mailing Address

4015 QUAIL ROOST DR  
 QUINCY FL 32351-6132  
 US

4015 QUAIL ROOST DR  
 QUINCY FL 32351-6132  
 US

3. Date Incorporated or Qualified

03/10/1992

4. FEI Number

59-3110380

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Country

25

30

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. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*None owed*

WILSON, RICHARD J.  
 4015 QUAIL ROOST DR  
 QUINCY FL 32351

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

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
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 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: *Richard J. Wilson* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-98  
 Date

850-875-1904  
 Daytime Phone #

CR2E037 (5/98)