

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

FILED
Mar 30 1996 8:00 am
Secretary of State

DOCUMENT # N49785 (1)

1. Corporation Name

INTERVENTION SERVICES, INC.

Principal Place of Business

Mailing Address

3760 US-27 SOUTH
SEBRING FL 33870

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SEBRING FL 33870

P O Box 367
BABSON PARK FL
33827

672 N. Semoran Blvd.
Orlando FL 32809

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
03/02/1995

4. FEI Number
65-0439778

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

10. Name and Address of New Registered Agent

EHRlich, IRA
205 CATHERINE AVENUE
BABSON PARK FL 33827

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MONTSDEOCA, GARY D.
STREET ADDRESS 3760 US 27 SO.
CITY-ST-ZIP SEBRING FL ☐ DELETE

1.1 TITLE D
1.2 NAME O
1.3 STREET ADDRESS Vice President
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME SHOOK, GERALD L.
STREET ADDRESS 310 E. COLLEGE AVE.
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

2.1 TITLE D
2.2 NAME Mary Ehrlich
2.3 STREET ADDRESS Secretary Treasurer
2.4 CITY-ST-ZIP 205 Catherine Avenue
Babson Park, FL 33827 ☐ Change ☒ Addition

TITLE D
NAME EHRlich, IRA
STREET ADDRESS 205 CATHERINE AVE.
CITY-ST-ZIP BABSON PARK FL 33827 ☐ DELETE

3.1 TITLE D
3.2 NAME President
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/95

(94) 638-4006

CR2E037 (12/95)