

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N92000000981 (2)

1. Corporation Name

BELLE GLADE FAMILY & CHILDREN SERVICES, INC.

95 MAR 13 AM 10:54

Principal Place of Business

Mailing Address

3507 FRONTAGE RD.
SUITE 350
TAMPA FL 33607
US

3507 FRONTAGE ROAD
SUITE 350
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
05/01/1994

4. FBI Number

APPLIED FOR 59-3189566

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

☒

**\$68.75 Supplemental
Fee Not Required**

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

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

10. Name and Address of New Registered Agent

**ELSSFELDT, RICHARD A
LUTHERAN MINISTRIES OF FLORIDA, INC.
3507 FRONTAGE RD, SUITE 350
TAMPA FL 33607**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

NAME

BERNTHAL, AUGUST

STREET ADDRESS

327 AVENUE "C" S.E.

CITY-ST-ZIP

WINTER HAVEN FL 33880

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33880

☐ Change ☒ Addition

TITLE

VD

NAME

DUDA, JUDY

STREET ADDRESS

1721 REBEL RUN

CITY-ST-ZIP

OVIEDO FL 32765-8042

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32765

☐ Change ☒ Addition

TITLE

SD

NAME

CARLSON, GAYLE

STREET ADDRESS

100 S. ASHLEY DRIVE, SUITE 1300

CITY-ST-ZIP

TAMPA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33602

☐ Change ☒ Addition

TITLE

TD

NAME

~~SPARLING, JEFFERY~~

STREET ADDRESS

1010 N. TAMPA STREET, SUITE 2200

CITY-ST-ZIP

TAMPA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SPARLING, JEFFERY

33602

☒ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 110.07(3)(b), 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

2/21/95

Date

Anytime (Years)