

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N92000000981 (2)

1. Corporation Name

BELLE GLADE FAMILY & CHILDREN SERVICES, INC.



Principal Place of Business 3507 FRONTAGE RD. SUITE 350 TAMPA FL 33607 US		Mailing Address 3507 FRONTAGE ROAD SUITE 350 TAMPA FL 33607-1776 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 02/01/1996
21	26	4. FEI Number 59-3189566	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELISSFELDT, 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 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 NIA (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	BERNTHAL, AUGUST	1.2 NAME	Faye Rampolla
STREET ADDRESS	327 AVENUE 'C' S.E.	1.3 STREET ADDRESS	3507 Frontage Road, #350
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	VD	2.1 TITLE	
NAME	FRERKING, JOHN	2.2 NAME	
STREET ADDRESS	130 CRUISER ROAD SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	CARLSON, GAYLE	3.2 NAME	Vincent J. Payne
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 1300	3.3 STREET ADDRESS	3507 Frontage Road, #350
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	TD	4.1 TITLE	
NAME	SPARLING, JEFFERY	4.2 NAME	
STREET ADDRESS	1010 N. TAMPA STREET, SUITE 2200	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	CEO	5.1 TITLE	
NAME	ELISSFELDT, RICHARD A	5.2 NAME	
STREET ADDRESS	3507 FRONTAGE ROAD, SUITE 350	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: [Signature] 4/11/97 F13288-9550

CR2E037 (9/96)