NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200000981

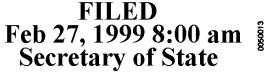
BELLE GLADE FAMILY & CHILDREN SERVICES, INC.

Principal Place of Business
3507 FRONTAGE RD.
SUITE 350
TAMPA FL 33607
US

2. Principal Place of Business

Mailing Address 3507 FRONTAGE ROAD SUITE 350 TAMPA FL 33607

2a. Mailing Address



02-27-1999 90021 006 ****61.25

|--|--|

3. Date Incorporated or Qualifed

2700	W Dr MLK Blvd	26 2700 W Dr	MLK B	lvd.	12/21/1992			
Suite, Apt.	W 22 HER BIVG				4. FEI Number	App	olied For	
22 3rd	Floor	3rd Floor			59-3189566	Not	Applicable	
City & State	State City & State				5. Certificate of Status Desired	\$8.75 A	1	
Tampa	a, Florida 28 Tampa, Florida			Fee Required				
Zip	Country	Zip Country			6. Election Campaign Financing	\$5.00		
24 336	07 25	₂₉ 33607	30		Trust Fund Contribution	Added to	rees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name				
NUECHTE	rlein, Michael		82	82 Street Address (P.O. Box Number is Not Acceptable)				
CARLTON	CARLTON FIELDS							
ONE HAR	BOUR PLACE		83					
TAMPA FL	. 33602		84	City		85 Zip C	ode	
					FI			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	-named	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the appo	t changing its i intment as rec	registered iistered	
office of n	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.0503, Flor	ida Statutes	·	organity board of directors. The only		· ·	
SIGNATURE	·							
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOYE:		nt signature r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	DC IN 12	
12.	OFFICERS AND		13.			[2] Change	Addition	
TITLE	VD	☐ DELETE	1.1 TITLE		2700 W Dr MLK Blvd	[-]-cisninge	Addition	
NAME	FRERKING, JOHN		1.2 NAME		3rd Floor			
STREET ADDRESS	ss 3507 FRONTAGE ROAD SUITE 350 1.3 st			TADORESS	1 -			
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-S	T-ZIP	Tampa, florida 33607		□ A 4.4%;	
TITLE	D	☐ DELETE	2.1 TTLE		2700 W Dr MLK Blvd	Change	Addition	
NAME	CALDWELL, CLARENCE 222N		2.2 NAME		3rd Floor	وفاريد عياسيا ليوا		
STREET ADDRESS	ss 3507 FRONTAGE ROAD SUITE 350 23 S		2.3 STREE	TADDRESS				
CITY-ST-ZIP	TAMPA FL 33607 2.40			T-ZIP	Tampa, Florida 33607			
TITLE	D	☐ DELETE	3.1 TITLE		2700 W Dr MLK Blvd	Change	☐ Addition	
NAME !	HILL, JODY		3.2 NAME					
STREET ADDRESS	33 S 3507 FRONTAGE ROAD SUITE 350		3.3 STREE	TADDRESS	3rd floor			
CITY-ST-ZIP	TAMPA FL 33607 3.4.0		3.4. CITY-	T-ZIP	Tampa, florida 33607			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADORESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS	•		5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TTLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS		1	6.3 STREE	TADORESS				

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 of suppliemental annual perfort 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 of the receiver or this elempowered 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 a statedment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #