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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000981

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
US



2. Principal Place of Business

21 2700 W Dr MLK Blvd

Suite, Apt. #, etc.

22 3rd Floor

City & State

23 Tampa, Florida

Zip Country

24 33607

25

2a. Mailing Address

26 2700 W Dr MLK Blvd.

Suite, Apt. #, etc.

27 3rd Floor

City & State

28 Tampa, Florida

Zip Country

29 33607

30

3. Date Incorporated or Qualified

12/21/1992

4. FEI Number

59-3189566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

NUECHTERLEIN, MICHAEL
CARLTON FIELDS
ONE HARBOUR PLACE
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

TITLE VD ☐ DELETE
NAME FRERKING, JOHN
STREET ADDRESS 3507 FRONTAGE ROAD SUITE 350
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE
NAME CALDWELL, CLARENCE
STREET ADDRESS 3507 FRONTAGE ROAD SUITE 350
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE
NAME HILL, JODY
STREET ADDRESS 3507 FRONTAGE ROAD SUITE 350
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 2700 W Dr MLK Blvd ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3rd Floor
1.4 CITY-ST-ZIP Tampa, florida 33607

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 2700 W Dr MLK Blvd
2.3 STREET ADDRESS 3rd Floor
2.4 CITY-ST-ZIP Tampa, Florida 33607

3.1 TITLE 2700 W Dr MLK Blvd ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 3rd floor
3.4 CITY-ST-ZIP Tampa, florida 33607

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1/22/99

CR2E037 (11/98)