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Feb 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N93000000082 (8)**

1. Corporation Name

**HIGH SPRINGS SOCIAL SERVICES, INC.**



Principal Place of Business

Mailing Address

**15 S.E. 1ST AVENUE  
HIGH SPRINGS FL 32643**

**P O BOX 1354  
HIGH SPRINGS FL 32655-1354**

3. Date Incorporated or Qualified  
**01/08/1993**

3a. Date of Last Report  
**02/07/1996**

2. Principal Place of Business

2a. Mailing Address

**21 15 S.E. 1 AVE.**

**26 P.O. Box 1354**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**23 HIGH SPRINGS, FL**

**28 HIGH SPRINGS, FL**

Zip

Country

Zip

Country

**24 32643**

**25 ALACHUA**

**29 32655**

**30 ALACHUA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONNIE, BOTTITA B  
1715 SE CEDAR STREET  
HIGH SPRINGS FL 32643**

81 Name

**BONNIE BOTTITA B**

82 Street Address (P.O. Box Number is Not Acceptable)

**1715 S.E. CEDAR ST.**

83

84

**High Springs**

**FL**

85 Zip Code

**32643**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOTTITA BONNIE	
STREET ADDRESS	1715 SE CEDAR STREET	
CITY - ST - ZIP	HIGH SPRINGS FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	SHARON DIETRICK	
STREET ADDRESS	RT 2 BOX 275 N/A	
CITY - ST - ZIP	HIGH SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LORETTA DOWNS	
STREET ADDRESS	RT 2 BOX 1591	
CITY - ST - ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Bonnie B. Bottita** **Director**

**2/2/97**

**904 454-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001 1718

CR2E037 (9/96)