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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000082 (8)**

1. Corporation Name

HIGH SPRINGS SOCIAL SERVICES, INC.



Principal Place of Business 15 SE 1ST AVE HIGH SPRINGS FL 32643 US	Mailing Address PO BOX 1354 HIGH SPRINGS FL 32655 US
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3. Date Incorporated or Qualified 01/08/1993
4. FEI Number 59-2898771
Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent BONNIE BOTTITA B 1715 SE CEDAR ST HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent 81 Name LILLIAN MORVILLE 82 Street Address (P.O. Box Number is Not Acceptable) 23727 N.W. 227TH DR 83 P.O. Box 956 84 City HIGH SPRINGS FL 85 Zip Code 32655
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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 Lillian M. Morville Lillian M. Morville 4/27/98
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 DT	BOTTITA BONNIE ☒ DELETE
STREET ADDRESS 1715 SE CEDAR STREET	
CITY-ST-ZIP HIGH SPRINGS FL	
TITLE PT	SHARON DIETRICK ☐ DELETE
STREET ADDRESS RT 2 BOX 275 N/A	
CITY-ST-ZIP HIGH SPRINGS FL	
TITLE ST	LORETTA DOWNS ☒ DELETE
STREET ADDRESS RT 2 BOX 1591	
CITY-ST-ZIP HIGH SPRINGS FL 32643	
TITLE DT	Lillian Morville ☐ DELETE
STREET ADDRESS 23727 N.W. 227TH DR.	
CITY-ST-ZIP HIGH SPRINGS, FL 32655	
TITLE TREAS	JACK QUIGLEY ☐ DELETE
STREET ADDRESS 8 RANCH RD	
CITY-ST-ZIP HIGH SPRINGS, FL 32643	
TITLE VPS	MARGARET DYKES ☐ DELETE
STREET ADDRESS 26921 N.W. 193RD AVE	
CITY-ST-ZIP HIGH SPRINGS, FL 32643	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT ☒ Change ☐ Addition	
1.2 NAME LINDA SADLER	
1.3 STREET ADDRESS 20810 N.W. 199TH ST	
1.4 CITY-ST-ZIP HIGH SPRINGS FL 32643	
2.1 TITLE SECRETARY ☒ Change ☐ Addition	
2.2 NAME SHARON CHANDLER	
2.3 STREET ADDRESS HWY 44-27	
2.4 CITY-ST-ZIP HIGH SPRINGS FL 32643	
3.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition	
3.2 NAME MARGARET DYKES	
3.3 STREET ADDRESS 26921 N.W. 193RD AVE	
3.4 CITY-ST-ZIP HIGH SPRINGS, FL 32643	
4.1 TITLE TREASURER ☐ Change ☐ Addition	
4.2 NAME JACK QUIGLEY	
4.3 STREET ADDRESS 8 RANCH RD	
4.4 CITY-ST-ZIP HIGH SPRINGS, FL 32643	
5.1 TITLE	
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.

SIGNATURE Lillian M. Morville Lillian M. Morville 4/27/98

CP2E037 (10/97)