

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$995)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:46

DOCUMENT # **N93000005197 (9)**

1. Corporation Name

**THE FLORIDA FEDERATION OF FAMILIES FOR CHILDREN'S
MENTAL HEALTH, INC.**

Principal Place of Business

**3252 ALBERT DRIVE
TALLAHASSEE FL 32308**

Mailing Address

**3252 ALBERT DRIVE
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3193970

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**EIDSON, ANDREA
3252 ALBERT DRIVE
TALLAHASSEE FL 32308**

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 **PD**
NAME **EIDSON, ANDREA**
STREET ADDRESS **3252 ALBERT DRIVE**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE **VD**
NAME **HUDSON, SANDRA**
STREET ADDRESS **8413 LENOVA LANE**
CITY - ST - ZIP **TALLAHASSEE FL 32304**

TITLE **SD**
NAME **ROGERSON, BETTINA**
STREET ADDRESS **2904 LARIS DRIVE**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

TITLE **TD**
NAME **FOUTZ, JOAN**
STREET ADDRESS **2389 GREGORY LANE**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

TITLE **D**
NAME **BASS, DENESE**
STREET ADDRESS **RT 4 BOX 472B**
CITY - ST - ZIP **TALLAHASSEE FL 32304**

TITLE **D**
NAME **MOSS, KATHY**
STREET ADDRESS **3853 ROBERTS AVENUE**
CITY - ST - ZIP **TALLAHASSEE FL 32310**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature From #