

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005197 (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

3252 ALBERT DRIVE
TALLAHASSEE FL 32308

3252 ALBERT DRIVE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified
11/17/1993

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 3927 Spring Creek Hwy
Suite, Apt. #, etc.

26 3927 Spring Creek Hwy
Suite, Apt. #, etc.

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

22 City & State

27 City & State

23 Crawfordville, FL

28 Crawfordville, FL

24 Zip

25 Country

29 Zip

30 Country

32327

USA

32327

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EIDSON, ANDREA
3252 ALBERT DRIVE
TALLAHASSEE FL 32308

81 Name
Conni Wells

82 Street Address (P.O. Box Number is Not Acceptable)
3927 Spring Creek Hwy

83

84 City
Crawfordville

FL

85 Zip Code
32327

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

8/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ DELETE

1.1 TITLE PD
1.2 NAME Conni Wells
1.3 STREET ADDRESS 3927 Spring Creek Hwy
1.4 CITY-ST-ZIP Crawfordville, FL 32327

☐ Change ☒ Addition

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

☐ DELETE

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

☒ Change ☐ Addition

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

☒ DELETE

3.1 TITLE SO
3.2 NAME Margie Jessup
3.3 STREET ADDRESS 509 E. Magnolia #H/27
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32301

☐ Change ☒ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☒ DELETE

5.1 TITLE VD
5.2 NAME Wanda Schilb
5.3 STREET ADDRESS 2537 Shadowwood Dr.
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32310

☐ Change ☒ Addition

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

☐ DELETE

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 119.07(3)(k), 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

Daytime Phone #

8/5/96 (904) 487-1542

0002655

CR2E037 (3/96)