


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005197 (9)**

1. Corporation Name

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



Principal Place of Business <b>3927 SPRING CREEK HWY CRAWFORDVILLE FL 32327 US</b>	Mailing Address <b>3927 SPRING CREEK HWY CRAWFORDVILLE FL 32327 US</b>
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3. Date Incorporated or Qualified  
**11/17/1993**

4. FEI Number <b>59-3193970</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**WELLS, CONNI  
3922 SPRING CREEK HWY  
CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WELLS, CONNI</b>		1.2 NAME <b>Wells, Conni</b>	
STREET ADDRESS <b>3927 SPRING CREEK WAY</b>		1.3 STREET ADDRESS <b>3927 Spring Creek Hwy.</b>	
CITY-ST-ZIP <b>CRAWFORDVILLE FL</b>		1.4 CITY-ST-ZIP <b>Crawfordville, FL 32327</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUDSON, SANDRA</b>		2.2 NAME <b>Sandra Hudson</b>	
STREET ADDRESS <b>8413 LENOVA LANE</b>		2.3 STREET ADDRESS <b>8413 Lenova Lane</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		2.4 CITY-ST-ZIP <b>Tallahassee, FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JESSUP, MARGIE</b>		3.2 NAME <b>Jessup, Margie</b>	
STREET ADDRESS <b>509 E. MAGNOLIA #H127</b>		3.3 STREET ADDRESS <b>509 E. Magnolia #H127</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		3.4 CITY-ST-ZIP <b>Tallahassee, FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FOUTZ, JOAN</b>		4.2 NAME <b>PAT Bull</b>	
STREET ADDRESS <b>2389 GREGORY LANE</b>		4.3 STREET ADDRESS <b>431 Quail Run</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL 32303</b>		4.4 CITY-ST-ZIP <b>Crawfordville, FL 32327</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHILB, WANDA</b>		5.2 NAME	
STREET ADDRESS <b>2537 SHADOWOOD DR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOSS, KATHY</b>		6.2 NAME	
STREET ADDRESS <b>3853 ROBERTS AVENUE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL 32310</b>		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 \_\_\_\_\_

CP2E037 (10/97)