

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001994 (2)

1. Corporation Name

JAMES WALLACE HOME FOR BOYS AND GIRLS, INC.

Principal Place of Business

Mailing Address

5970 S.E. 30TH AVENUE
OCALA FL 34480

5970 S.E. 30TH AVENUE
OCALA FL 34480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

4. FEI Number

59-3236896

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

\$68.75 Supplemental
Fee Not Required

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

Yes

XX No

2. Principal Place of Business

2a. Mailing Address

21 5970 SE 39th Avenue
Suite, Apt. #, etc.

26 5970 SE 39th Avenue
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocala, Florida
Zip Country

28 Ocala, Florida
Zip Country

24 34480
25 Marion

29 34480
30 Marion

9. Name and Address of Current Registered Agent

WALLACE, ROSE A
5970 S.E. 39TH AVE.
OCALA FL 34480

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

X Rose Ann Wallace

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

1-24-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WALLACE, ROSE A
STREET ADDRESS 5970 S.E. 39TH AVE.
CITY-ST-ZIP Ocala FL 34480

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

Change Addition

TITLE D
NAME TUCKER, KEN
STREET ADDRESS 21363 ESCONDIDO WAY
CITY-ST-ZIP BOCA RATON FL 33433

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

Change Addition

TITLE D
NAME HOCHBERG, BRUCE
STREET ADDRESS 3949 C COCONUT PLUM CIR
CITY-ST-ZIP COCONUT CREEK FL 33063

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(b), 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:

X Rose Ann Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1306

1306

0000034

February 1, 1995

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

Ref: Change of Mailing Address.

To Whom It May Concern:

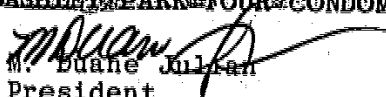
Would you kindly change your records to indicated our
new address as follows:

7651 Ashley Park Court
Suite 408
Orlando, Fla. 32835
Telephone (407) 295-5600...

Your cooperation in this regard would be greatly ap-
preciated and should you have any questions, please feel
free to contact me anytime.

Sincerely,

~~ASHLEY PARK FOUR CONDOMINIUM ASSOCIATION, INC.~~


M. Duane Julian
President

N 940000 02025