FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business	2a. Mailing Address
21 5970 SE 39th Avenue	26 5970 SE 39th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, Florida	City & State 28 Ocala, Florida
Zip / Country 24 34480 / 25 Marion	Zip / Country 29 34480 / 30 Marion

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 ☒ No XX

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 1-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WALLACE, ROSE A	12 NAME	
STREET ADDRESS	5970 S.E. 39TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TUCKER, KEN	22 NAME	
STREET ADDRESS	21363 ESCONDIDO WAY	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HOCHBERG, BRUCE	32 NAME	
STREET ADDRESS	3949 C COCONUT PLUM CIR	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: X Rose Ann Wallace 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006534

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 appreciated and should you have any questions, please feel free to contact me anytime.

Sincerely,

ASHLEY PARK FOUR CONDOMINIUM ASSOCIATION, INC.

M. Duane Julian
President

N94000002025