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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

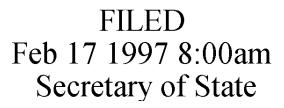
1997 DOCUMENT #

N94000001994 (2)

JAMES WALLACE HOME FOR BOYS AND GIRLS. INC.

Principal Place of Business

Mailing Address





5970 S. E. 391H AVEN OCALA FL 34480	WE	OCALA FL 34480-9011						
US		U\$			3. Date Incorporated or Qualified 04/20/1994	3a. Date	of Lest Re 2/23/19	port 96
Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21 1001 K	PUBLON AUE	26 /00/ AUA	10K	Ave	59-3236896		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State City & State 23 & Ady LAKe, 21 28 & Ady LAK			te. 7	·/	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
24 32159	Country 25 LAKE	Zp	Country	Ke	This corporation has liability for in Florida Statutes	ntangible to		199.032,
	lame and Address of Current			10. Name and Address of New Registered Agent				
			81	Name				
WALLACE, RO	ISE A Have: 1001 120	VALON AUR	82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
- OCALA FL 84	MAVE: 1001 AC 180. LAdy L	Ate 71.3215	\$ B3					
		,	84	City		FL	85 Zip (
office or registers	provisions of Sections 617.0502 and agent, or both, in the State of iar with, and accept the obligati	i Florida. Such change was at	thorized by I	named corp he corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of o	changing its intment as	s registered registered
SIGNATURE	, typed or printed name of registered agent	and title if anolicable (NOTE:	Registered Agen	signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE D		DELETE	1.1 TITLE				Change	☐ Addition
1 1414	ALLACE, ROSE A		1.2 NAME	i				
CARCIA PROCESS	TO RE-ACTUAL 100	I AUAION AUG	1,3 STREET A	DEDECC				
STREET ADDRESS	RLLACE, RUSE A 70 S.E. SOTH AVE. 100 A CALA FL 84480 LAL	V LAKE 21 3215	1.0 SINCE I					
CITY-ST-ZIP DC	ALK I L'OTTOS ~ ~ · · · · ·	DELETE	2.1 TITLE	- ZIP			Change	Addition
	ANED REVI	occure	2.2 NAME					
	CKER, KEN			Proces				
	21363 ESCONDIDO WAY			DDRESS				
	ICA RATON FL 33433	Deter	2. 4 CITY-S	- ZIP			Change	Addition
TITLE D		L DELETE	3.1 TITLE	'			L. Giange	L Addition
	OCHBERG, BRUCE		3.2 NAME	İ				
	3949 C COCONUT PLUM CIR COCONUT CREEK FL 33063		3.3 STREET ADDRESS					
CITY-ST-ZIP CO			3.4. CITY-S	- ZIP				
TITLE		LI DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS	*			
CITY-ST-ZIP			4.4 CITY - ST	- ZIP				
TITLE		DELETE	5.1 TITLE			-	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	NDDRESS				
CITY - ST - ZIP			5.4 CITY-ST	-ZIP				
		☐ DELETE	6.1 TITLE				Change	Addition
THILE				1				
TITLE			62 NAME	1				
NAME			6.2 NAME	runkede				
			6.2 NAME 6.3 STREET A 6.4 CITY-ST					

I have been been a second that the substitution of the composition of the composition of the composition 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 3 if changed, or on an attachment with an address.

ase anni Mollove Chartoctor

2/11/9 352-750-6419