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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000001994 (2)

1. Corporation Name

JAMES WALLACE HOME FOR BOYS AND GIRLS, INC.

Principal Place of Business

5970 S. E. 39TH AVENUE
OCALA FL 34480
US

Mailing Address

5970 S. E. 39TH AVENUE
OCALA FL 34480-9011
US

3. Date Incorporated or Qualified
04/20/1994

3a. Date of Last Report
02/23/1996

4. FEI Number
59-3236896

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

2. Principal Place of Business

21 1001 AVALON AVE

Suite, Apt. #, etc.

22

City & State

23 LADY LAKE, FL

Zip Country

24 32159 25 LAKE

2a. Mailing Address

26 1001 AVALON AVE

Suite, Apt. #, etc.

27

City & State

28 LADY LAKE, FL

Zip Country

29 32159 30 LAKE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, ROSE A

5970 S.E. 39TH AVE. 1001 AVALON AVE
OCALA FL 34480 LADY LAKE, FL 32159

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WALLACE, ROSE A
STREET ADDRESS 5970 S.E. 39TH AVE. 1001 AVALON AVE
CITY-ST-ZIP Ocala FL 34480 LADY LAKE, FL 32159

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Rose Ann Wallace, Director

2/11/97 352-750-6419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0066064

CR2E037 (9/96)