

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004063 (3)

1. Corporation Name

COMBINED RELIGIONS FOR COMBINED HUMAN SERVICES,
INC.



Principal Place of Business

13180 N. CLEVELAN RD.
SUITE 211
N. FT. MYERS FL 33903

Mailing Address

13180 N. CLEVELAN RD.
SUITE 211
N. FT. MYERS FL 33903

3. Date Incorporated or Qualified
08/22/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0517860

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIRESI, FRANK
13180 N. CLEVELAN RD.
SUITE 211
N. FT. MYERS FL 33903

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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME ARICK, CARL L
STREET ADDRESS 1005 PALM POINT LANE
CITY-ST-ZIP N. FT. MYERS FL 33917 ☐ DELETE

TITLE PD
NAME RENNEY, RICHARD
STREET ADDRESS 923 DOLPOHIN DR
CITY-ST-ZIP CAPE CORAL FL 33704 ☐ DELETE

TITLE VD
NAME FIORE, HANNABLE
STREET ADDRESS 1006 PALM POINT LANE
CITY-ST-ZIP N. FT. MYERS FL 33917 ☐ DELETE

TITLE T
NAME GIRESI, FRANK
STREET ADDRESS 3775 WINKER ROAD
CITY-ST-ZIP FT. MYERS FL 33916 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE EX-VICE PRESIDENT
5.2 NAME SCHULTZE, HOWARD
5.3 STREET ADDRESS 15080 IONA LAKES DR.
5.4 CITY-ST-ZIP FT. MYERS, FL. 33908 ☐ Change ☒ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Carl L. Arick* CHAIRMAN
CARL L. ARICK SR. 3-26-96 941-656-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)