


FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001683 (0)**

1. Corporation Name

**LORI EDWARDS' TEENS IN TALLAHASSEE, INC.**



Principal Place of Business <b>202 LOMA DRIVE NW WINTER HAVEN FL 33881</b>	Mailing Address <b>202 LOMA DRIVE NW WINTER HAVEN FL 33881-9504</b>
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3. Date Incorporated or Qualified <b>04/05/1995</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business 21 <b>2020 E. Edgewood Dr. #2</b>	2a. Mailing Address 26 <b>P.O. Box 1858</b>	4. FEI Number <b>59-3335550</b>	Applied For <input type="checkbox"/> Not Applicable
22 <b>#2</b>	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>Lakeland, FL</b>	28 <b>Auburndale, FL 33823</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33803</b> <b>Polk</b>	29 <b>33823</b> <b>Polk</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURR, GLENDA  
202 LOMA DRIVE NW  
WINTER HAVEN FL 33881**

81 Name <b>Glenda Burr</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2020 E. Edgewood Dr. #2</b>
83
84 City <b>Lakeland</b> <b>FL</b> 85 Zip Code <b>33803</b>

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 **Glenda Burr** *Glenda Burr* **2/11/97**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BEVERLY, ANGIE 105 TAMPA ST AUBURDALE FL 33823</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BURHANS, BONNIE ONE BLOOD HOUND TRAIL, GUIDANCE OFFICE WINTER HAVEN FL 33880</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD MASHAN, VAUGHN PO BOX 820 N/A WINTER HAVEN FL 33882</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WALKER, BOB 100 10TH ST SOUTH HAINES CITY FL 33844</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vaughn McAshan* **Vaughn McAshan** **Feb 21, 1997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0054695**

CR2E037 (9/96)