FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre F. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001683 (0)

LORI EDWARDS' TEENS IN TALLAHASSEE, INC.

Principal Place of Business Mailing Address									IKAN BU NIN BU NI	I BAID! ISES AISES	
2020 E. EDGEWOOD DR., #2 P.O. BOX 1858							3. Date Incorpor	ated or Ouglitie	nd .		
LAKELAND FL		AUBURNDALE FL 33823				ļ			su.		
US		US				- 1	04/05/1 4. FEI Number	880			1) -1 6-
						Į		TEEO.			oplied For
O Defendant D	Name of Discharge	1.60 14.00 - 1.44					<u>59-333</u>)))			ot Applicable
2. Principal Place of Business 2s. Mailing Address					5. Certificate of Status Desired					Additional	
Suite, Apt. #, etc.									Fee Required		
	. W. BIC.		Suite, Apt. #, etc.			l	6. Election Campaign Financing \$5.00 May Be				
22			27				Trust Fund Co		<u> </u>	Added t	
City & State City & State 28							7. Is this nonprofit corporation a homeowners association?				
		28]	1 - 0						☐ Yes	∐ No	
Zip	Country	Zip	_	untry		Ì	8. This corporati		•		
24 33880		29	30					erty Tax due J			No
	9, Name and Address of Curr	ent Registered Agent		241			10. Name and A	dress of New	Hegistere	d Agent	
	*· ·			81	Name	Vai	ighn H. Mc	Ashan			
BURR, GLENDA					Street	Addres	s (P.O. Box Numb	er is Not Acce	otable)		
2020 E. EDGEWOOD DR., #2						11	Fifth Str	eet SW			
LAKELAND FL 33803							4				
				84	City			. :		. 85 Zip	Code
				"	City	Wir	nter Haven	-	F	L 13 33	880
agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Sta arm familiar with, and accept the oblining the state of the section of the sectio	ンハロス					when reinstating)		DATE		
12.		ND DIRECTORS	13.		BIGI RECOIL	requied	ADDITIONS/CH	ANGES TO O			2S IN 12
TITLE	CD	DELETE	1.1 T			г	ADDITIONS/OI	ANGES TO O	TIOLING	Change	Addition
NAME	BEVERLY, ANGIE			12 NAME		ļ					
STREET ADDRESS	105 TAMPA ST			1.3 STREET ADDRESS		1					
	AUBURNDALE FL 33823			1.4 CITY-ST-ZIP							
CITY-ST-ZIP	SD SD	I DELETE			ZIP	 				Change	Addition
		L Ottel	-			ļ				C VININGE	L.J AUGIOON
NAME				IAME		1					
STREET ADORESS		, GUIDANCE OFFICE		STREET A		1					
CITY-ST-ZIP	WINTER HAVEN FL 33880	Dr. eve		CITY-ST	- ZIP						4.449
TITLE	CD	☐ DELETE	3.1 T			Cox	crection			Change	Addition
NAME				i i		100	mcashan, vauchn				
STREET ADDRESS	PO BOX 820 N/A					יין ן					
CITY-ST-ZIP	WINTER HAVEN FL 33882			CITY-ST	- ZIP	L					
TITLE	TD	☐ DELETE	4.1 T	ITLE						Change	Addition
NAME	WALKER, BOB		4.21	NAME		J					
STREET ADDRESS	100 10TH ST SOUTH		4.3 \$	TREET A	DORESS						
CITY-ST-ZIP	HAINES CITY FL 33844		440	ITY-ST-	71D						

6.4 CITY-ST-ZIP

14. I 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 chapter 617 and that my name address.

5.2 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MILL VAUGHNEH MCASON

DELETE

DELETE

3/4/98

FILED

Apr 17 1998 8:00am

Secretary of State

Providence Physics &

Change

Change

Addition

☐ Addition

R2F037 (10/0