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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer 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

**2020 E. EDGEWOOD DR., #2
LAKELAND FL 33803
US**

Mailing Address

**P.O. BOX 1858
AUBURNDAL FL 33823
US**

2. Principal Place of Business

21 11 Fifth Street SW

Suite, Apt. #, etc.

22

City & State

23 Winter Haven, FL

Zip

24 33880

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BURR, GLENDA
2020 E. EDGEWOOD DR., #2
LAKELAND FL 33803**

3. Date Incorporated or Qualified

04/05/1995

4. FEI Number

59-3335550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81

Name

Vaughn H. McAshan

82

Street Address (P.O. Box Number is Not Acceptable)

11 Fifth Street SW

83

84

City

Winter Haven,

FL

85

Zip Code

33880

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]
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CD
BEVERLY, ANGIE
105 TAMPA ST
AUBURNDAL FL 33823**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
BURHANS, BONNE
ONE BLOOD HOUND TRAIL, GUIDANCE OFFICE
WINTER HAVEN FL 33880**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**CD
MASHAN, VAUGHN
PO BOX 820 N/A
WINTER HAVEN FL 33882**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD
WALKER, BOB
100 10TH ST SOUTH
HAINES CITY FL 33844**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

SIGNATURE:

[Signature] **VAUGHN H. MASHAN**

3/4/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (10/97)