

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90147 046 ***150.00

DOCUMENT # N95000001683

1. Corporation Name

LORI EDWARDS' TEENS IN TALLAHASSEE, INC.

Principal Place of Business

11 5TH STREET SW
WINTER HAVEN FL 33880
US

Mailing Address

P.O. BOX 1858
AUBURNDALE FL 33823
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCASHAN, VAUGHN H
11 5TH STREET SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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

TITLE SD ☒ DELETE
NAME BURHANS, BONNIE
STREET ADDRESS ONE BLOOD HOUND TRAIL, GUIDANCE OFFICE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE CD ☐ DELETE
NAME MCASHAN, VAUGHN
STREET ADDRESS PO BOX 820 N/A
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE TD ☐ DELETE
NAME WALKER, BOB
STREET ADDRESS 100 10TH ST SOUTH
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D ☐ Change ☒ Addition
1.2 NAME Kathy Howard
1.3 STREET ADDRESS 5115 Forestgreen Dr. E
1.4 CITY-ST-ZIP Lakeland, Florida 33811

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Don Cheek
2.3 STREET ADDRESS 290 Cypress Gardens Blvd
2.4 CITY-ST-ZIP Winter Haven, Florida 33880

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Mabel Myers
3.3 STREET ADDRESS 815 Prado Grand Ave
3.4 CITY-ST-ZIP Haines City, Fla 33844

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Robert Todd Ernest
4.3 STREET ADDRESS 222 State Rd 60 East
4.4 CITY-ST-ZIP Lake Wales, Fla. 33859

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Linda Davis
5.3 STREET ADDRESS 7401 Cypress Gardens Blvd
5.4 CITY-ST-ZIP Winter Haven, Fla. 33888

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME John Martz
6.3 STREET ADDRESS 321 N. Mango St.
6.4 CITY-ST-ZIP Sebring, Fl. 33870

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VAUGHN H. MCASHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 941-287-1344
Date Daytime Phone #

CR2E037 (11/98)

0057422