

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT '1996



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

DOCUMENT # **N95000001797 (8)**

1. Corporation Name
TALLAHASSEE K.I.D.S., INC.



Principal Place of Business
**216 E OAKLAND AVE
SUITE 1
TALLAHASSEE FL 32301**

Mailing Address
**216 E OAKLAND AVE
SUITE 1
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
04/17/1995

3a. Date of Last Report

4. FEI Number
59-3309059

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**KIDS IN-HOME INTERVENTION AND DIAGNOSTIC S
216 E OAKLAND AVE
SUITE 1
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
Timothy E. McPeters
82 Street Address (P.O. Box Number is Not Acceptable)
206 E. Oakland Ave.
83
Suite 1
84 City
Tallahassee, FL 85 Zip Code
FL 32301

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 *Timothy E. McPeters* **Timothy E. McPeters** **TREASURER** **3/26/96**
DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT / DIRECTOR** DELETE
NAME **James B. Wise**
STREET ADDRESS **2471-B Thornton Rd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **Vice President / Director** DELETE
NAME **Merelyn Goldsmith**
STREET ADDRESS **1112 Clearwater Rd.**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **Treasurer / Director** DELETE
NAME **Timothy E. McPeters**
STREET ADDRESS **7813 No. Lagoon Dr #3-B**
CITY-ST-ZIP **Panama City Beach, FL 32408**

TITLE **Secretary / Director** DELETE
NAME **Robert Goldsmith**
STREET ADDRESS **1112 Clearwater Rd.**
CITY-ST-ZIP **Daytona Beach, FL 32114**

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 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 Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700001782817 Change Addition
-04/16/96--01126--034
*****61.25**

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 the 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 you can address.

SIGNATURE: *Timothy E. McPeters* **Timothy E. McPeters** **TREASURER** **3/26/96** **904-681-9774**
DATE DAYTONA PHONE # **904-913-1500**

CR2E037 (12/95)