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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002292 (9)

1. Corporation Name

INDEPENDENT SOCIAL SERVICES, INC.



Principal Place of Business
7301 TWELVE OAKS BLVD.
TAMPA FL 33634

Mailing Address
7301 TWELVE OAKS BLVD.
TAMPA FL 33634-2271

3. Date Incorporated or Qualified
05/11/1995

3a. Date of Last Report
10/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3319032

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD, BARBARA F
7301 TWELVE OAKS BLVD.
TAMPA FL 33634

81 Name

Barbara Keithly

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

Same

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

Barbara Keithly

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOYD, BARBARA F
STREET ADDRESS 7301 TWELVE OAKS BLVD.
CITY-ST-ZIP TAMPA FL 33634

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Barbara Keithly Change Addition

TITLE V
NAME KEITHLY, ROBBIN
STREET ADDRESS 4203 GRAY ST.
CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

TITLE SD
NAME MERKLE, LEROY
STREET ADDRESS 1718 E. 7TH AVE
CITY-ST-ZIP TAMPA FL 33634

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

TITLE TD
NAME EISENSTADT, DEBORAH
STREET ADDRESS 5411 BEAUMONT CENTER BLVD., SUITE 742
CITY-ST-ZIP TAMPA FL 33634

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Barbara Keithly

2/25/97 (813) 884-2792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)