

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 # N95000003122 (7)

1. Corporation Name

ARLINGTON HOUSE ACLF, INC.



Principal Place of Business

203 SOUTH MOODY ROAD
PALATKA FL 32177

Mailing Address

203 SOUTH MOODY ROAD
PALATKA FL 32177

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 2611

4. FEI Number

59-3326525

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

22

27

Palatka FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

23

28

32178

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

Barbara A. Hebert

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

203 So. Moody Rd

83

84 City

Palatka

FL

85 Zip Code

32178

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 A. Hebert

4-30-96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME HEBERT, BARBARA A
STREET ADDRESS 203 SOUTH MOODY ROAD
CITY-ST-ZIP PALATKA FL

1.1 TITLE

PD

☐ Change

☒ Addition

NAME

1.2 NAME

Betty L. Allen

STREET ADDRESS

1.3 STREET ADDRESS

203 So. Moody

CITY-ST-ZIP

1.4 CITY-ST-ZIP

Palatka, FL 32177

TITLE STD ☒ DELETE

NAME DAMIANI, PENNY J
STREET ADDRESS 203 SOUTH MOODY ROAD
CITY-ST-ZIP PALATKA FL

2.1 TITLE

STD

☒ Change

☒ Addition

NAME

2.2 NAME

Powers, Penny J.

STREET ADDRESS

2.3 STREET ADDRESS

203 So. Moody Rd.

CITY-ST-ZIP

2.4 CITY-ST-ZIP

Palatka FL 32177

TITLE D ☐ DELETE

NAME EUP, PEARL
STREET ADDRESS 203 SOUTH MOODY ROAD
CITY-ST-ZIP PALATKA FL 32177

3.1 TITLE

SD

☐ Change

☒ Addition

NAME

3.2 NAME

Hebert, Barbara

STREET ADDRESS

3.3 STREET ADDRESS

203 So. Moody Rd

CITY-ST-ZIP

3.4 CITY-ST-ZIP

Palatka FL 32177

TITLE ☐ DELETE

NAME

4.1 TITLE

☐ Change

☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

STREET ADDRESS

5.1 TITLE

CITY-ST-ZIP

5.2 NAME

TITLE ☐ DELETE

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 A. Hebert

Sue.

4-30-96

904-328-6680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)