

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

99 JAN 20 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003122

1. Corporation Name

ARLINGTON HOUSE ACLF, INC.

Principal Place of Business

203 SOUTH MOODY ROAD
PALATKA FL 32177

Mailing Address

P O BOX 2611
PALATKA FL 32178
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3326525

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HEBERT, BARBARA A
203 S MOODY RD
PALATKA FL 32178

10. Name and Address of New Registered Agent

81 Name

Penny J. Powers

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

203 So. Moody

83

84 City

Palatka

FL

85 Zip Code

32177

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

Penny J. Powers

Penny J. Powers

1-10-99

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 *PO* ☐ DELETE

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

TITLE *PO* ☐ DELETE

NAME SIMS, TONYA
STREET ADDRESS 203 SOUTH MOODY ROAD
CITY-ST-ZIP PALATKA FL 32177

TITLE *PD* ☒ DELETE

NAME HEBERT, BARBARA
STREET ADDRESS 203 S MOODY RD
CITY-ST-ZIP PALATKA FL

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 *TIO* ☐ Change ☒ Addition

1.2 NAME Wanda M. Stumbo
1.3 STREET ADDRESS 203B So. Moody Rd
1.4 CITY-ST-ZIP Palatka, FL 32177

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 900002754913-6
-01/26/99-01049-003
2.4 CITY-ST-ZIP *****70.00 *****70.00

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

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:

Wanda M. Stumbo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda M. Stumbo 1-10-99 904-325882
Date Daytime Phone #

0003777

CR2E037 (11/98)