## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N95000005230 (6)

P.A.T.S. PREGNANT ADOLESCENT TEEN SERVICES, INCO **RPORATED** 

**FILED** 

Apr 20 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address		·	( (ABINIA) BIO CONOT DINIT RONIT COSTS OBSIS OBSIS	BOIOT BIELD 11000 HINT BOIL 1891	
2248 SHERWOOD DRIVE 2248 SHERWOOD DRIVE DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119			3. Date Incorporated or Qualified 11/06/1995		
			4. FEI Number 59-3373181	Applied For Not Applicable	
2. Principal Place of Business 21 POBOK 11442.	2a. Mailing Address 2a P.D Box 11442		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State  City & State  23 Daytona Beach, Fl  28 Daytona Beach,			7. Is this nonprofit corporation a homeowners association?  ☐ Yes ☐ No		
Zip Country 24 32 120 - 1 4 4 2 25	29 32120-1442 30 Vo	intry Justa	This corporation owes or has paid the current Personal Property Tax due June 30.	urrent year Intangible Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GREEN, PEARL WALKER		81 Name			
836 PINEWOOD STREET		82 Street Address (P.O. Box Number is Not Acceptable)			
DAYTONA BEACH FL 32114		83			
		84 City	FL	85 Zip Code	

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 algorithms reinstalling) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE	Green, Pearl Walker	☐ Change ☐ Addition		
NAME	GREEN, PEARL WALKER		1.2 NAME		<i>(</i>		
STREET ADDRESS	2248 SHERWOOD DRIVE		1.3 STREET ADDRESS	PO BOX 11442	(N/A)		
CITY - ST - ZIP	DAYTONA BEACH FL 32119		1.4 CITY-ST-ZIP	Daytona BCh. F1 32120-1442			
TITLE	D	☐ DELETE	2.1 TITLE	l	☐ Change ☐ Addition		
NAME	KILLINS, LARRY		2.2 NAME	Killins, Larry	Collas		
STREET ADDRESS	2248 SHERWOOD DRIVE		2.3 STREET ADDRESS	P.O. Box 11442'	(N/A)		
CITY - ST - ZIP	DAYTONA BEACH FL 32119		2. 4 CITY-ST-ZIP	Daytona Bch. Fl. 3212	0-1142		
TITLE	DT	DELETE	3.1 TITLE		Change Addition		
NAME	SCOTT, URSULA		3.2 NAME	Scott, Ursula	(11/11)		
STREET ADDRESS	2248 SHERWOOD DRIVE		3.3 STREET ADDRESS	P.O. BOX 11442	(N/A)		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4. CITY-ST-ZIP	Daytona Bch FL 32	120-1142		
TITLE	8	DELETE	4.1 TITLE	S	Change Addition		
NAME	rackins, Barbara	,	4. 2 NAME	Michella Colston			
STREET ADDRESS	2248 SHERWOOD DRIVE		4.3 STREET ADDRESS	PO BOX 11442	(N/A)		
CITY-ST-ZIP	DAYTONA BEACH FL 32119		4.4 CITY-ST-ZIP	Daytona Bch, Fl. 32120-1442			
TITLE		☐ DELETE	5.1 TITLE	-	Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP		i		
FITLE	· ··	DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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. KILLINS #

SIGNATURE: Pearl Walker Street

02-20-98

904-257-6242