

FILE NOW: FILING FEE IS \$61.25.

FILED

Apr 28 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **1997000002199**
1. Corporation Name
TAMMI HOUSE RECOVERY RESIDENCE, INC.

Principal Place of Business
**410 SEVILLA ST.
N. PORT, FL 34287**

Mailing Address
SAME

3. Date Incorporated or Qualified
APRIL 17, 1997

4. FEI Number
65-0766075

Applied For
☐ Not Applicable

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

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**JEFFREY P. SNELLING
2201 RINGLING BLVD, STE 201
SARASOTA, FL 34237**

10. Name and Address of New Registered Agent
81 Name **DANIEL L. BENNETT**
82 Street Address (P.O. Box Number is Not Acceptable)
5777 BENEVA RD SOUTH
83
84 City **SARASOTA** FL 85 Zip Code **34233**

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 *[Signature]* **Daniel L. Bennett** **3/24/98**
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 | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | DIRECTOR PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SHARON R. MAYS-TREMAIN |
| 1.3 STREET ADDRESS | 410 SEVILLA STREET |
| 1.4 CITY - ST - ZIP | NORTH PORT, FL 34287 |
| 2.1 TITLE | SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JEFFREY P. SNELLING |
| 2.3 STREET ADDRESS | 2201 RINGLING BLVD, STE 201 |
| 2.4 CITY - ST - ZIP | SARASOTA FL 34237 |
| 3.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | WILLIAM DECLARICO |
| 3.3 STREET ADDRESS | 323 ROSELING CIRCLE |
| 3.4 CITY - ST - ZIP | VENICE, FL 34293 |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | 800002505698 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | -04/29/98--01089--031 |
| 5.3 STREET ADDRESS | ***\$61.25 |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | |
| 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.

SIGNATURE: *[Signature]* **Sharon R. Mays-Tremain** **3/24/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)