

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 026 ****70.00

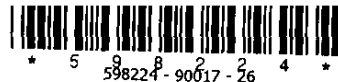
DOCUMENT # N97000003013

1. Corporation Name

THE CARPENTER'S HOUSE FOR CHILDREN, INC.

Principal Place of Business
35625 CYPRESS HAVEN WAY
LEESBURG FL 34788

Mailing Address
P.O. BOX 417
EUSTIS FL 32727



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 **NA**

26 **NA**

05/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANFREDI, PATRICK A
35625 CYPRESS HAVEN WAY
LEESBURG FL 34788

81 Name

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

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

Patrick A. Manfredi

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-99

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **MANFREDI, PAT**
CITY-ST-ZIP **35625 CYPRESS HAVEN WAY**
LEESBURG FL 34788

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **PT**
STREET ADDRESS **RIGBY, ART**
CITY-ST-ZIP **3820 YOTHERS ROAD**
APOPKA FL 32712

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **VP**
STREET ADDRESS **MOORE, RICHARD**
CITY-ST-ZIP **36706 RAMBLEWOOD LANE**
EUSTIS FL 32726

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **T**
STREET ADDRESS **RIGBY, CRYSTAL**
CITY-ST-ZIP **3820 YOTHERS ROAD**
APOPKA FL 32712

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **S**
STREET ADDRESS **GLENN, CARLENE**
CITY-ST-ZIP **1202 LAKE SHORE BOULEVARD**
TAVARES FL 32778

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **MANFREDI, LINDA**
CITY-ST-ZIP **35625 CYPRESS HAVEN WAY**
LEESBURG FL 34788

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:

Patrick A. Manfredi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-99 352-3262699

CR2E037 (5/99)