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Feb 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006859 (9)

1. Corporation Name

CENTRAL FLORIDA HUMAN SERVICES, INC.



Principal Place of Business
1325 GEORGE JENKINS BLVD.
LAKELAND FL 33815

Mailing Address
1325 GEORGE JENKINS BLVD.
LAKELAND FL 33815

3. Date Incorporated or Qualified
12/10/1997

4. FEI Number
59-3481836
Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1067
Suite, Apt. #, etc.

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

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

23 City & State

27 City & State

24 Zip Country

28 LAKE LAND, FL
Zip Country

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

10. Name and Address of New Registered Agent

WELCH, J E
1325 GEORGE JENKINS BLVD.
LAKELAND FL 33815

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

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

(NOTE: Registered Agent signature required when reinstating)

2/18/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0 ☐ DELETE
NAME ROBERTS, EUGENE
STREET ADDRESS 524 PABLO STREET
CITY-ST-ZIP LAKELAND FL 33803

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE 0 ☐ DELETE
NAME POLUNAS, DAVID
STREET ADDRESS 2510 NORTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL 33805

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE 0 ☐ DELETE
NAME BOYER, STEVE
STREET ADDRESS 219 NORTH MASSACHUSETTS AVENUE
CITY-ST-ZIP LAKELAND FL 33801

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE 0 ☐ DELETE
NAME SMITH, SHERWOOD
STREET ADDRESS 1515 LEIGHTON AVENUE
CITY-ST-ZIP LAKELAND FL 33803

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE 0 ☐ DELETE
NAME STEED, PAT
STREET ADDRESS 2248 CRYSTAL GROVE LANE
CITY-ST-ZIP LAKELAND FL 33801

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE 0 ☐ DELETE
NAME COOPER, BERNICE
STREET ADDRESS POST OFFICE BOX 407
CITY-ST-ZIP LAKELAND FL 33802

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.

SIGNATURE:

EUGENE ROBERTS

2/18/98 (941) 616-0505

CR2E037 (10/97)