

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90452 010 ****61.25

DOCUMENT # N97000006859

1. Entity Name

CENTRAL FLORIDA HUMAN SERVICES, INC.



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

Mailing Address
**P.O. BOX 1067
LAKELAND FL 33802-1067
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3481836**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBERTS, EUGENE | |
| STREET ADDRESS | 524 PABLO STREET | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GARRETT, HOWARDENE | |
| STREET ADDRESS | 1911 CHEROKEE TRAIL | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYER, STEVE | |
| STREET ADDRESS | 219 NORTH MASSACHUSETTS AVENUE | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, SHERWOOD | |
| STREET ADDRESS | 1515 LEIGHTON AVENUE | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEED, PAT | |
| STREET ADDRESS | 2248 CRYSTAL GROVE LANE | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SALE, ALLEN | |
| STREET ADDRESS | 309 S. TENNESSEE AVE | |
| CITY-ST-ZIP | LAKELAND FL 33801 | |

| | | |
|----------------|------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

EMORY WELCH CEO 2/28/03 (863) 682-8111
PAT STEED, President, 3/12/03 (863) 533-7000

CR2E037 (10/02)