FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P25198

1. Corporation Name

(3)

THE RENFREW CENTER OF FLORIDA, INC.

Principal Place of Elusiness

Mailing Address

209 ROBERTS RD. ARDMORE PA 19003 209 ROBERTS RD. ARDMORE PA 19003 FILED Apr 26 1996 8:00 am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc.											3. Date In			r Qualifi	ed :	3a. Date			
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28	22				J.				5. Certificate of Status Desired					•					
20		City & State			City & S	State					6. Election	n Camp	oaign F	inancin	9 .		\$5	5.00	May Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1102 NORTH GADSDEN STREET TALLAHASSEE FL 32303 84 City FL 85 Zp Code 11. Pursuant to this provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered diffice formism with, and accept the obligations of, School 607,0502, Florida Statutes. SIGNATURE Signature by Company and the received agent and the received ag							-,				Trust F	und Co	ontribut	ion	ι	J			
SIMPSON, LARRY D. 1102 NORTH GADSDEN STREET TALLAHASSEE FL 32303 13 Stroot Address of New Registered Agent 14 Stroot Address of New Registered Agent 15 Stroot Address of New Registered Agent 16 Stroot Address of New Registered Agent 17 Stroot Address of New Registered Agent 18 Stroot Address of New Registered Agent 19 Stroot Address of New Registered Agent		Zip	-	····			-	intry									x unde	ers 1	99.032,
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SIMPSON, LARRY D. 1102 NORTH GADSDEN STREET TALLAHASSEE FL 32303 82		S	g, Name i	and Address of Curi	rent Registered A	gent				1	10, Name	and A	ddres	of Ne	w Reg	stered	Agent		
1102 NORTH GADSDEN STREET TALLAHASSEE FL 32303 83 64 City FL 85 Zp Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 SIGNATURE SIGNATURE Superior, bysid or printed raise of registered agent as diver if acclosure. NOTE Registered Agent agratuating in a DITE 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 SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. 11. ITHE 12. PDS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. 11. ITHE 12. NAME 12. NAME 12. NAME 13. SIREET ADDRESS 209 ROBERTS RD 13. SIREET ADDRESS 209 ROBERTS RD 13. SIREET ADDRESS 209 ROBERTS RD 13. SIREET ADDRESS 2017- ST-2P 11. ITHE 12. Change Addition AMAME 14. City. ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. 17. ITHE 18. CDT 18. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12. 19. Change Addition AMAME 19. Change Addition Addition AMAME 10. Change Addition Addition ADDRESS 11. ITHE 11. Change Addition Addition ADDRESS 11. ITHE 12. Change Addition Addition ADDRESS 13. SIREET ADDRESS 14. City. ST-2P 15. ITHE 16. Change Addition Addition ADDRESS 16. ITHE 16. Change Addition Addition ADDRESS 17. ST-2P 18. ITHE 18. Change Addition ADDRESS 18. ITHE 18. Change Addition ADDRESS 18. ITHE 18. Change Addition Addition ADDRESS 18. ITHE 18. Change Addition ADDRESS 18. ITHE 18. Change Addition ADDRESS ADDRESS ADDRESS ADDRESS				_				B1	Name										
TALLAHASSEE FL 32303 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office distribution with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with in and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PDS								82	Street A	Address	(P.O. Box	Numbe	er is No	t Accer	otable)				-
11. Pursuant to thic provisions of Sections 697.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature PDS												_		•	•				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signate, back or printed raine of registered agent agent agent agent agent agent. I am		TALLAHAS	SEE FL :	32303				83											
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE								84	City			·					l oc l	Zın	Codo
Tamiliar with, and accept the obligations of, Section 607-0505, Florida Statutes Signature																FL	1 1		
Suprairies Note Registered Agent signature required when remaining	11.						s, the abo d by the c	ve-n corpc	amed co oration's t	rporation board of	n submits t if directors.	this sta I hereb	tement by acce	for the apt the a	purpos appoint	se of cha ment as	nging registe	its req ered a	gistered offic gent. I am
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby cert fy that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes Liturther		i					6.3 STA	REETA	DDRESS										

4. To releast cert by that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/22/96 215-482-535-3