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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N00929** (2)

1. Corporation Name

INNERCORRECTIONS, INC.

Principal Place of Business

Mailing Address

5700 SW 34TH STREET, #323
GAINESVILLE FL 32608

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GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/16/1984** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2371718** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 10242** 26 **P.O. Box 10242**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Tallahassee, FL** 28 **Tallahassee, FL**
24 **32302** 25 Country 29 **32302** 30 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEDMAN, STEPHEN A. PH. D.
5700 S.W. 34TH STREET, STE. 323
GAINESVILLE FL 32608

81 Name **Don Lamonica**
82 Street Address (P.O. Box Number is Not Acceptable) **900 Hillcrest Ct.**
83
84 City **Tallahassee** FL 85 Zip Code **32308**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Don Lamonica*

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LAMONICA, DON
STREET ADDRESS 900 HILLCREST COURT
CITY - ST - ZIP TALLAHASSEE FL 32308
TITLE VD
NAME FREEDMAN, STEVE
STREET ADDRESS 5700 S.W. 34TH STREET, SUITE 323
CITY - ST - ZIP GAINESVILLE FL 32608
TITLE STD
NAME CARPENTER, CARL
STREET ADDRESS 3444 JONATHAN'S LANDING
CITY - ST - ZIP TALLAHASSEE FL 32308
TITLE D
NAME SCHIEBLER, GEROLD L.
STREET ADDRESS 2115 N.W. 15TH AVENUE
CITY - ST - ZIP GAINESVILLE FL
TITLE D
NAME FARMER, ANN E.
STREET ADDRESS 6331 SW 21ST TERR
CITY - ST - ZIP GAINESVILLE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 or on an attachment with an address.

SIGNATURE: *Don Lamonica*

Typed or printed name of signing officer or director

5/1/95 904-224-8282