

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731145

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC7670204872**

**Entity Name:** DICK HOWSER CENTER FOR CHILDHOOD SERVICES, INC.

**Current Principal Place of Business:**

3519 EASTER STANLEY COURT  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3519 EASTER STANLEY CT  
TALLAHASSEE, FL 32308 US

**FEI Number:** 59-1553555

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SHELPER, FRED GJR  
300 MABRY STREET  
TALLAHASSEE, FL 32304 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title MR.  
Name MELTON, CALVIN  
Address 451 CEDAR HILL ROAD  
City-State-Zip: TALLAHASSEE FL 32312

Title MR.  
Name HARTER, BRUCE  
Address 1109 WINIFRED DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

Title MR  
Name SHELFER, FRED GJR  
Address 300 MABRY  
City-State-Zip: TALLAHASSEE FL 32304

Title DIRECTOR  
Name SINEATH, KIMBERLY A  
Address 3519 EASTER STANLEY CT  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY A SINEATH

**DIRECTOR**

**02/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date