

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90383 028 ***150.00

REGISTRATION AT

DOCUMENT # 401614

1. Entity Name
VISITING HOMEMAKER SERVICE OF BROWARD COUNTY, IN C.

Principal Place of Business Mailing Address

3570 KEITH STREET. N.W. **3570 KEITH STREET. N.W.**
CLEVELAND TN 37312 **CLEVELAND TN 37312**
US **US**



DO NOT WRITE IN THIS SPACE

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 Applied For

59-1439214 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PRESTON, FORREST L	
STREET ADDRESS	3570 KEITH STREET, N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	WADDELL, J. MICHAEL	
STREET ADDRESS	3570 KEITH STREET, N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CLAYTON, ANGELENA Y	
STREET ADDRESS	3570 KEITH STREET, N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CROSS, CINDY S	
STREET ADDRESS	3570 KEITH STREET, N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE	AS	<input type="checkbox"/> Delete
NAME	THURMOND, JOAN E	
STREET ADDRESS	3570 KEITH STREET, N.W.	
CITY-ST-ZIP	CLEVELAND TN 37312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Please see attached Exhibit "A"	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: *Joan E. Thurmond* **Joan E. Thurmond, Assistant Secretary** 4/15/02 423-473-5868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACH# 401614/637522



3001 Keith Street, NW/P.O. Box 3480/Cleveland, Tennessee 37320-3480/(423) 472-9585

April 16, 2002

VIA AIRBORNE EXPRESS

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Visiting Homemaker Service of Broward County, Inc.

Dear Representative:

Enclosed herewith for your consideration and review is the completed Uniform Business Report for the above-referenced entity. Also, enclosed herewith is a check in the amount of \$150.00 which represents the necessary filing fees. If you should have any questions and/or need additional information, please contact me at (423) 473-5869.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Ray".

Leslie Ray
Legal Department

/lmr

Enclosures

EXHIBIT "A"

Visiting Homemaker Service of Broward County, Inc.
3570 Keith Street, NW
Cleveland, TN 37312
(423) 473-5868

Officers:

President:	Forrest L. Preston	3570 Keith Street, NW Cleveland, TN 37312
Vice President:	Richard J. Wager	3570 Keith Street, NW Cleveland, TN 37312
Vice President/ Treasurer/Secretary:	Angelena Y. Clayton	3570 Keith Street, NW Cleveland, TN 37312
Assistant Secretary:	Joan E. Thurmond	3570 Keith Street, NW Cleveland, TN 37312
Assistant Secretary:	Cindy S. Cross	3570 Keith Street, NW Cleveland, TN 37312

Directors:

Forrest L. Preston	3570 Keith Street, NW Cleveland, TN 37312
Angelena Y. Clayton	3570 Keith Street, NW Cleveland, TN 37312