FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED.

1995 MAR 24 AM 8 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762389 (5)

1. Corporation Name

PUNTA GORDA WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
118 SULLIVAN STREET P.O. BOX 1783 PUNTA GORDA FL 33951	118 SULLIVAN STREET P.O. BOX 1783 PUNTA GORDA FL 33951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1982
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2040620 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 118 Sullivan St	26 P.O. Box 1783
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Punta Gorda Fla	28 City & State: Punta Gorda FL
24 Zip: 33950 25 Country: Charlotte	29 Zip: 33951 30 Country: Charlotte

9. Name and Address of Current Registered Agent

NELSON, MARGARET
* 10184 ARROWHEAD DR
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

81 Name: Helen Wrobbel
82 Street Address (P.O. Box Number is Not Acceptable): 8030 Riverside Drive
83
84 City: Punta Gorda FL 85 Zip Code: 33982

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WROBBEL, HELEN	12 NAME	
STREET ADDRESS	830 RIVERSIDE DR	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	
NAME	DAY, KATHERINE	22 NAME	
STREET ADDRESS	3830 BAL HARBOR #27	23 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, ADELLA	32 NAME	
STREET ADDRESS	1041 GERARD CT	33 STREET ADDRESS	
CITY ST ZIP	PT CHARLOTTE FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	EYER, PHYLIS	42 NAME	
STREET ADDRESS	24272 CAPT KIDD BLVD	43 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	HELLER, MARGARET	52 NAME	
STREET ADDRESS	24224 PIRATE HARBOR	53 STREET ADDRESS	
CITY-ST ZIP	PUNTA GORDA FL	54 CITY ST ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	SIMES, ESTHER	62 NAME	
STREET ADDRESS	11257 PINEAPPLE RD	63 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	64 CITY ST ZIP	

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-03/24/95--01109--007
****130.00 ****130.00

S.A
3-24-1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen Wrobbel 2-16-95 813-639-3360
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date (Telephone Number)

Helen Wrobbel

0001215

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763910** **(7)**

1. Corporation Name
ATLANTIC COMMUNITY CARE, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1220 WILLIS AVENUE DAYTONA BEACH FL 32114 US	1220 WILLIS AVENUE DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2201196 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WOODS, JR., JUDSON I ESQ.
1020 VOLSUIA AVE
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	~~PATTERSON, PAT~~	12 NAME	Mrs. Lucille Bornmann
STREET ADDRESS	~~1000 S. RIDGEWOOD AVENUE~~	13 STREET ADDRESS	524 Faulkner Street
CITY-ST-ZIP	~~DAYTONA BEACH FL~~	14 CITY-ST-ZIP	New Smyrna Beach, FL 32160
TITLE	PD	21 TITLE	D ☒ Change ☐ Addition
NAME	FLYNT, LIZZIE	22 NAME	
STREET ADDRESS	808 S. DR. MARTIN LUTHER KING BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTON BEACH FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	HILLS, RICHARD REV	32 NAME	00000144006.0
STREET ADDRESS	892 DELTONA BLVD	33 STREET ADDRESS	-03/27/95--01022--018
CITY-ST-ZIP	DELTONA FL	34 CITY-ST-ZIP	****183.75 *****61.25
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LAROSA, PETER	42 NAME	
STREET ADDRESS	1825 WHIPPOORWILL LANE	43 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	44 CITY-ST-ZIP	
TITLE		51 TITLE	PD ☐ Change ☒ Addition
NAME		52 NAME	Mr. William E. Attick
STREET ADDRESS		53 STREET ADDRESS	1308 PEACHTREE ROAD
CITY-ST-ZIP		54 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	3/21/95 WEA
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Attick 2-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM E. ATTICK

0000300