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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763910

(7)

FILED
Mar 09 1998 8:00am
Secretary of State

ATLANTIC COMMUNITY CARE,	INC.			1 2000 BAOU BAOU BAOU BAOU BAOU
Principal Place of Business	Mailing Address			L DIROLF BIRGY BIRGY BIRGY BIRGY INDI
1708 STATE ROAD 44 NEW SMYRNA BEACH FL 32168 US	1708 STATE ROAD 44 NEW SMYRNA BEACH FL US	32168	Date Incorporated or Qualified     06/24/1982     FEI Number	Applied For
			<u>59-2201196</u>	Not Applicable
Principal Place of Business     1	2a. Mailing Address 26	<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	City & State		Trust Fund Contribution  7. Is this nonprofit corporation a hom	Added to Fees
23	28		· · · · · · · · · · · · · · · · · · ·	Yes X No
Zip Country	Zip	Country	8. This corporation owes or has pald	
24 25 9. Name and Address of Curr	rent Registered Agent	[30]	Personal Property Tax due June 30  10. Name and Address of New Regi	- 1
		81 Name	10. Hamile and Madesas of Heat Heat.	eroios Agoir
DAVENPORT, JAMES R		82 Street A	ddress (P.O. Box Number is Not Acceptable	<u> </u>
1708 STATE ROAD 44				/
NEW SMYRNA BEACH FL 32168		83		
		84 City		F1 85 Zip Code
		I I -		
11. Pursuant to the provisions of Sections 617.0	0502 and 617,1508. Florida Statut	tes, the above-named o	corporation submits this statement for the pur	
Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob	9502 and 617.1508, Florida Statut ate of Florida. Such change was ligations of Section 617.0503. Flo	tes, the above-named cauthorized by the corporate Statutes	corporation submits this statement for the pur pration's board of directors. I hereby accept	
11. Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stragent. I am familiar with, and accept the observations.  SIGNATURE	<i></i>	tes, the above-named cauthorized by the corporida Statutes.	corporation submits this statement for the pur oration's board of directors. I hereby accept	
SIGNATURE Signatury, typed or printed name of registered	DAVENDORT agent and title if applicable (NOT	PRES. Vest	equired when reinstating)	pose of changing its registered the appointment as registered
SIGNATURE Signalury tyled or printed name of registered 12. OFFICERS A	agent and title if approache (NOT	PRES. Les # E: Registered Agent algusture re 13.	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	pose of changing its registered the appointment as registered DATE RS AND DIRECTORS IN 12
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I. 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 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.

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