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Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90005 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767310

1. Corporation Name
FLORIDA ADULT DAY CARE ASSOCIATION, INC.

Principal Place of Business 808 W CENTRAL BLVD ORLANDO FL 32805 US	Mailing Address 808 W CENTRAL BLVD ORLANDO FL 32805 US
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06200 - 90005 - 40



2. Principal Place of Business 21 5714 NW 97th Street Suite, Apt. #, etc. 22 City & State 23 Gainesville, Florida Zip Country 24 32653 25 USA	2a. Mailing Address 26 5200 NW 43rd St. #102 Suite, Apt. #, etc. 27 PMB. 310 City & State 28 Gainesville, Florida Zip Country 29 32606 30 USA	3. Date Incorporated or Qualified 03/04/1983 4. FEI Number 59-2283155 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent LECHER, CHRISTINE 808 W CENTRAL BLVD ORLANDO FL 32805	10. Name and Address of New Registered Agent 81 Name Karen Warren 82 Street Address (P.O. Box Number is Not Acceptable) 5714 NW 97th Street 83 84 City Gainesville FL 85 Zip Code 32653
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/5/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECHER, CHRISTINE	1.2 NAME	see attached
STREET ADDRESS	1117 MANIGAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVEIDO FL 32765	1.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZ, MARSHA	2.2 NAME	
STREET ADDRESS	600 COURTLAND ST, #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Association manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, KAREN	3.2 NAME	Karen Warren - MD
STREET ADDRESS	3303 NW 83RD ST	3.3 STREET ADDRESS	5714 NW 97th Street
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, HERMOYONE	4.2 NAME	
STREET ADDRESS	1110 W EDGEWOOD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, CATHY	5.2 NAME	
STREET ADDRESS	239 U.S. 301 BLVD E	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDRICH, NANETTE GENE	6.2 NAME	
STREET ADDRESS	719 WALKER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/5/99 DAYTIME PHONE #: 1-877-352-7762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)

FLORIDA ADULT DAY CARE ASSOCIATION

1998-1999 BOARD OF DIRECTORS

578260-90005-40

Doc # 767310

President:

Christine Lecher - P / O
Director of Adult Day Services
Neighborly Senior Services
13650 Donneybrooke Drive
Clearwater, Florida 33762
Phone: (727) 573-9444
FAX: (727) 572-7721

Vice-President:

Marge Preston - VP / O
Director of Adult Day Services
Easter Seal Society of East Central Florida, Inc.
3661 South Babcock Street
Melbourne, Florida 32901- 8221
Phone: (407) 723-4474
FAX: (407) 676-3843

Secretary: - S / O

Deorah A. Kirkwood
Director
Day Break at Winter Park Adult Day Services
Winter Park Health Foundation
2010 Mizell Avenue
Winter Park, Florida 32792
Phone: (407) 629-4565
FAX: (407) 644-7373

Treasurer:

Alicia Schindler - T / O
Hollywood Active Day Center
Mailing Address (Home):
1008 North East 115th Street
Miami, Florida 33161
Phone: (954) 983-2742
FAX: (954) 983-2754

1998-1999 REGIONAL REPRESENTATIVES

Faye Evans - D
Director
Add to Life Adult Day Center
5877 Old Timuquana Road
Jacksonville, Florida 32210
Phone: (904) 779-1777
FAX: (904) 779-7111

Gene Heidrich - D
HHCHS
Post Office Box 2830
Daytona Beach, Florida 32114
Phone: (904) 252-1873
FAX: (904) 257-6785

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Alicia Schindler - D
Hollywood Active Day Center
Mailing Address (Home):
1008 North East 115th Street
Miami, Florida 33161
Phone: (954) 983-2742
FAX: (954) 983-2754

O.P. Willingham - D
Director
Santa Rosa Adult Day Health Care
5750 Berryhill Road
Milton, Florida 32570
Phone: (850) 626-7321
FAX: (850) same

Janna Keathley - D
Director
Mae Volen Senior Center
1515 W. Palmetto Park Road
Boca Raton, Florida 33486
Phone: (561) 395-8920
FAX: (561) 338-9127

Kathy Karamitosis - D
Director
Harbor Behavioral Health Care
Post Office Box 428
New Port Richie, Florida 34656
Phone: (727) 841-4200
FAX: (727) 841-4354