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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:24

DOCUMENT # N29868 (9)

1. Corporation Name
S.P.I.C.E. SPECIAL PROJECT: INTERAGENCY COUNCIL FOR THE ELDERLY, INC.

Principal Place of Business Mailing Address
**5700 SW 34 ST
401
GAINESVILLE FL 32608
US** **5700 SW 34 ST
401
GAINESVILLE FL 32608
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/22/1988	3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KIRBY, ANDREA J
5700 SW 34TH
SUITE 401
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURY, STAR	1.2 NAME	PD PISANO, MIKE
STREET ADDRESS	BAILEY RETIREMENT CTR, 1121 NW 6TH STREET	1.3 STREET ADDRESS	300 NE 39TH AVE
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	GAINESVILLE, FL 32609
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLF, BONNIE	2.2 NAME	VPD URBAN, YERNA
STREET ADDRESS	ST. EMPLOYMENT, 412 NE 16TH AVE, #60	2.3 STREET ADDRESS	5700 SW 34TH ST #401
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	GAINESVILLE, FL 32608
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, ANDREA	3.2 NAME	
STREET ADDRESS	5700 SW 34 ST, SUITE 401	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CHERYL	4.2 NAME	SD FINNICK, JOANNE
STREET ADDRESS	HIGH SPRINGS CARE CTR, RT. 1, BOX 946	4.3 STREET ADDRESS	6200 - 10 NW 232ND ST,
CITY - ST - ZIP	HIGH SPRINGS FL	4.4 CITY - ST - ZIP	GAINESVILLE FL 32653
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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: Andrea J. Kirby 3/27/95 (904) 336-3822

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number