

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90094 005 ****61.25

DOCUMENT # N97000005869

1. Corporation Name

LIFE CARE PASTORAL SERVICES, INC.

Principal Place of Business

**1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH FL 32082**

Mailing Address

**1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3480191

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, RAYMOND M
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH FL 32082**

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JAMES H	1.2 NAME	
STREET ADDRESS	1000 VICAR'S LANDING WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RAYMOND M	2.2 NAME	
STREET ADDRESS	1000 VICAR'S LANDING WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOSEPH S	3.2 NAME	
STREET ADDRESS	1000 VICAR'S LANDING WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORAB, ROBERT	4.2 NAME	
STREET ADDRESS	555 LAKE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEGL, ROBERT	5.2 NAME	
STREET ADDRESS	7047 CYPRESS BRIDGE DR. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, JOAN	6.2 NAME	
STREET ADDRESS	8134 SEVEN MILE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	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:

Raymond M. Johnson
Signature and Typed or Printed Name of Signing Officer or Director

9 FEB 1999 **904-273-170**

Date

Daytime Phone #

CR2E037 (1/98)