

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:27

DOCUMENT # 428859

(3)

1. Corporation Name

THE HOUSE OF CARE, INC.

Principal Place of Business

2212-A GARDEN ST.
TITUSVILLE FL 32796

Mailing Address

2212-A GARDEN ST.
TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/20/1973	3a. Date of Last Report 04/04/1994
4. FBI Number 59-1480600	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
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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

ROBERTS, MARGIE S.
1240 EDWARD CT.
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, JOEL	1.2 NAME	
STREET ADDRESS	1240 EDWARD CT	1.3 STREET ADDRESS	
CITY- ST- ZIP	TITUSVILLE FL	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, MARGIE	2.2 NAME	
STREET ADDRESS	1240 EDWARD CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	TITUSVILLE FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LANDRY, CARLA CARLA	3.2 NAME	
STREET ADDRESS	3850 ORLANDO AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIMS FL	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MULLINNIX, DELORAS	4.2 NAME	
STREET ADDRESS	258 CORONADO STR	4.3 STREET ADDRESS	
CITY- ST- ZIP	TITUSVILLE FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

MARGIE S. ROBERTS

PKG.

1/31/95

407-267-7160