

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711574** (4)

1. Corporation Name

SAREPTA REST HOME, INC.

Principal Place of Business

Mailing Address

**3400 OHIO AVE
SANFORD FL 32773-6640**

**3400 OHIO AVE
SANFORD FL 32773-6640**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1966		3a. Date of Last Report 04/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0803204		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADEN, TAAMAR
3400 OHIO AVE
SANFORD FL 32773**

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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, OLGA	1.2 NAME	
STREET ADDRESS	913 TERRACE ACRE	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURN AL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADEN, RAY	2.2 NAME	
STREET ADDRESS	OHIO AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	2.4 CITY - ST - ZIP	
TITLE	* Acting Pres. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DANITA	3.2 NAME	
STREET ADDRESS	407-3RD ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	OPELIKA AL	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADEN, TAAMAR	4.2 NAME	
STREET ADDRESS	OHIO AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	4.4 CITY - ST - ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYKKANEN, IMPI	5.2 NAME	
STREET ADDRESS	OHIO AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL Deceased	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LARRY	6.2 NAME	
STREET ADDRESS	407TH 3RD ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	OPELIKA AL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Tamar Braden **TAMAR BRADEN**

Date

3-5-97

Daytime Phone # **(407) 322-9096**

CR2E037 (9/96)