

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**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90011 031 \*\*\*\*61.25

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**DOCUMENT # 711574**

1. Corporation Name

**SAREPTA REST HOME, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**10/05/1966**

4. FEI Number

**59-0803204**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

*Tamar Braden*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/8/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D WILLIAMS, OLGA**  
STREET ADDRESS **913 TERRACE ACRE**  
CITY-ST-ZIP **AUBURN AL**

TITLE ☐ DELETE

NAME **D BRADEN, RAY**  
STREET ADDRESS **OHIO AVE**  
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE

NAME **P SMITH, DANITA**  
STREET ADDRESS **407-3RD ST**  
CITY-ST-ZIP **OPELIKA AL**

TITLE ☐ DELETE

NAME **ST BRADEN, TAAMAR**  
STREET ADDRESS **OHIO AVE**  
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE

NAME **D SMITH, LARRY**  
STREET ADDRESS **407TH 3RD ST**  
CITY-ST-ZIP **OPELIKA AL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Tamar Braden* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/99**

Date

**407-322-9096**

Daytime Phone #

CR2E037 (11/98)