

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **724973**

(3)

1. Corporation Name

ELDER CARE SERVICES, INC.



Principal Place of Business

Mailing Address

% KATHRYN ARRANT
2518 W TENNESSEE ST.
TALLAHASSEE FL 32304

% KATHRYN ARRANT
2518 W TENNESSEE ST.
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified
12/12/1972

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1426079

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARRANT, KATHRYN
2518 W. TENNESSEE ST.
TALLAHASSEE FL 32304

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 ☐ DELETE

NAME
PD KOHLER, PAT
STREET ADDRESS
3009 HUNTINGTON DR
CITY-ST-ZIP
TALLAHASSEE FL

1.1 TITLE ☒ Change ☐ Addition

NAME
S KOHLER, PAT
STREET ADDRESS
3009 Huntington Dr
CITY-ST-ZIP
Tallahassee FL

TITLE ☐ DELETE

NAME
D ARRANT, KATHRYN
STREET ADDRESS
2518 W. TENNESSEE ST.
CITY-ST-ZIP
TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition

NAME
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VD VINTON, LINDA
STREET ADDRESS
3109 DUNKELD PL
CITY-ST-ZIP
TALLAHASSEE FL

3.1 TITLE ☐ Change ☒ Addition

NAME
PD HAYNES, TOM
STREET ADDRESS
1704 Metropolitan Blvd., Suite 3
CITY-ST-ZIP
Tallahassee FL

TITLE ☐ DELETE

NAME
S WORTHEN, DREAMAL
STREET ADDRESS
2280 KIMBERLY LANE
CITY-ST-ZIP
TALLAHASSEE FL

4.1 TITLE ☒ Change ☐ Addition

NAME
VD WORTHEN, DREAMAL
STREET ADDRESS
2280 Kimberly Lane
CITY-ST-ZIP
Tallahassee FL

TITLE ☐ DELETE

NAME
T BOONE, SHELLEY
STREET ADDRESS
2596 ARENDELL WAY
CITY-ST-ZIP
TALLAHASSEE FL

5.1 TITLE ☐ Change ☒ Addition

NAME
T WEATHERSPOON, LORRAINE
STREET ADDRESS
1865 Vineland Lane
CITY-ST-ZIP
Tallahassee FL

TITLE ☐ DELETE

NAME
P NEELEY, SARAH
STREET ADDRESS
1910 SHADY OAKS
CITY-ST-ZIP
TALLAHASSEE FL

6.1 TITLE ☐ Change ☒ Addition

NAME
President Elect
BUTTERWORTH, RUBIE
STREET ADDRESS
329 Remington Run Loop
CITY-ST-ZIP
Tallahassee FL

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)(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 617, 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)