FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ELDER CARE SERVICES, INC.

Principal Place of Business Mailing Address % KATHRYN ARRANT % KATHRYN ARRANT 2518 W TENNESSEE ST. 2518 W TENNESSEE ST. TALLAHASSEE FL 32304-2506 TALLAHASSEE FL 32304 3. Date Incorporated or Qualified 12/12/1972 3a. Date of Last Report 04/08/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1426079 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional K 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARRANT, KATHRYN 82 Street Address (P.O. Box Number is Not Acceptable) 2518 W. TENNESSEE ST. 83 TALLAHASSEE FL 32304 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE Butterworth, Rubie KOHLER, PAT 1.2 NAME NAME Hunters Crossing II - 329 Remington Run 3009 HUNINGTON DR STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL Tallahassee, FL 32312 1.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ♣ Addition P-Elect arrant, Kathryn 22 NAME NAME Combs, Tami STREET ADDRESS 2518 W. TENNESESSEE ST. 2.3 STREET ADDRESS Route 5, Box 85 - Havana, FL 32333 CITY-ST-ZIP TALLAHASSEE FL 2.4 CITY-ST-ZIP XX DELETE Addition Change TITLE 3.1 TITLE VINTON, LINDA 32 NAME Weatherspoon, Lorraine NAME 1865 Vineland Lane 3109 DUNKELD PL 3.3'STREET ADDRESS STREET ADDRESS TALLAHASSEE FL Tallahassee, FL 32311 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE WORTHEN, DREAMAL 4. 2 NAME Worthen, Dreamal NAME 2280 Kimberly Lane 2280 KIMBERLY LANE 4.3 STREET ADDRESS STREET ADDRESS Tallahassee, FL 32301 TALLAHASSEE FL

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-7IP

5.4 CiTY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

BOONE, SHELLEY

TALLAHASSEE FL

NEELEY, SARAH

1910 SHADY OAKS

TALLAHASSEE FL

2596 ARENDELL WAY

TITLE

NAME

TITLE

NAME

DELETE

K DELETE

1/21/97

71,00 BANK

904-575-9694

APPROVED

97 FEB 10 AM 9: 46

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Daytime Phone # 0008200

Change

Change

Addition

Addition

(96/6)