

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724973** (3)

1. Corporation Name

**ELDER CARE SERVICES, INC.**

Principal Place of Business

Mailing Address

% KATHRYN ARANT  
2518 W TENNESSEE ST.  
TALLAHASSEE FL 32304

% KATHRYN ARANT  
2518 W TENNESSEE ST.  
TALLAHASSEE FL 32304

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/12/1972**

4. FEI Number

**59-1426079**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOHLER, PAT</b>	
STREET ADDRESS	<b>3009 HUNINGTON DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

TITLE	<b>D</b> <i>Director - "D"</i>	<input type="checkbox"/> DELETE
NAME	<b>ARRANT, KATHRYN</b>	
STREET ADDRESS	<b>2518 W. TENNESSEE ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUTTERWORTH, RUBIE</b>	
STREET ADDRESS	<b>HUNTERS CROSSING II - 329 REMINGTON RUN</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WORTHEN, DREAMAL</b>	
STREET ADDRESS	<b>2280 KIMBERLY LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	

TITLE	<b>PE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COMBS, TAMI</b>	
STREET ADDRESS	<b>ROUTE 5, BOX 85</b>	
CITY-ST-ZIP	<b>HAVANA FL 32333</b>	

TITLE	<b>TD - "D"</b>	<input type="checkbox"/> DELETE
NAME	<b>WEATHERSPOON, LORRAINE</b>	
STREET ADDRESS	<b>1865 VINELAND LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P - "D"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Combs, Tami</b>	
1.3 STREET ADDRESS	<b>Route 5, Box 85 - Havana, FL 32333</b>	
1.4 CITY-ST-ZIP		

2.1 TITLE	<b>P-Elect - "D"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Worthen, Dreamal</b>	
2.3 STREET ADDRESS	<b>2280 Kimberly Lane, THL, FL 32301</b>	
2.4 CITY-ST-ZIP		

3.1 TITLE	<b>VP - "D"</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Guarisco, Peter</b>	
3.3 STREET ADDRESS	<b>3350 Lakeshore Drive</b>	
3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	

4.1 TITLE	<b>S - "D"</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Laurie Taylor</b>	
4.3 STREET ADDRESS	<b>3569 Bartran Court, THL, FL 32308</b>	
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Kathryn Arrant* Kathryn Arrant

4/27/98 (850) 575-9694

CP2E037 (10/97)