FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:06

DOCUMENT # 731220 (0)

1. Corporation Name
SHELTERED COMMUNITY RESIDENCE, INC.

Principal Place of Business	Mailing Address
235 S MAITLAND AVE SUITE #206 MAITLAND FL 32751	235 S MAITLAND AVE SUITE #206 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1974
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1562262 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HADLEY, SR., RAYMOND B.
133 S. WEKIVA SPRINGS ROAD
APOPKA FL 32703

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HADLEY, RAYMOND B.	1.2 NAME	Thomas A. Guest	
STREET ADDRESS	133 S. WEKIVA SPRGS ROAD	1.3 STREET ADDRESS	407 Whooping Loop Suite 1627	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CASH, SID	2.2 NAME	Lou Haubner	
STREET ADDRESS	105 W. COLONIAL DRIVE	2.3 STREET ADDRESS	99 W. Main ST	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	DICKERSON, DEBRA W.	3.2 NAME	Williams, Debra W	
STREET ADDRESS	2560 W. OAKRIDGE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	DICKERSON, DEBRA W.	4.2 NAME	Same person as above	
STREET ADDRESS	5381 W. COLONIAL DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☒ Addition
NAME	MANN-SHEFFIELD, JEANIE	5.2 NAME	John F. Ellis	
STREET ADDRESS	3061 CECILIA DRIVE	5.3 STREET ADDRESS	407 W. Citrus ST	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HITECHEW, FRANCIS E.	6.2 NAME		
STREET ADDRESS	625 QUAIL HOLLOW DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

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)(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: Debra A. Williams 3-24-95 407-628-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000307