

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **731220**

(0)

1. Corporation Name

**SHELTERED COMMUNITY RESIDENCE, INC.**



Principal Place of Business

Mailing Address

6969 VENTURE CIRCLE  
ORLANDO FL 32807

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ORLANDO FL 32807

3. Date Incorporated or Qualified <b>11/21/1974</b>	3a. Date of Last Report <b>04/03/1995</b>
4. FEI Number <b>59-1562262</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

81	Name <b>Hadley, Raymond B.</b>
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City <b>Apopka</b> <b>FL</b> <b>85</b> 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 re-filing)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADLEY, RAYMOND B. 133 S. WEKIVA SPRGS ROAD APOPKA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Gue <sup>s</sup> t, Thomas A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 407 Whopping Loop Suite 1637 Altamonte Springs FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASH, SID 105 W. COLONIAL DRIVE ORLANDO FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Hubner, Lou <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 99 W Main ST Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, DEBRA 2560 W. OAKRIDGE ROAD ORLANDO FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, JOH F. 407 W. CITRUS ST ALTAMONTE SPRINGS FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANN-SHEFFIELD, JEANIE 3061 CECILIA DRIVE APOPKA FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITECHEW, FRANCIS E. 825 QUAIL HOLLOW DRIVE ORLANDO FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(c), 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 D. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 407-391-1964

Date Daytime Phone #

CR2E037 (12/95)