

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

**6969 VENTURE CIRCLE  
ORLANDO FL 32807-5356**



3. Date Incorporated or Qualified **11/21/1974** 3a. Date of Last Report **03/20/1996**

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**

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 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **P** ☐ DELETE  
NAME **HADLEY, RAYMOND B.**  
STREET ADDRESS **133 S. WEKIVA SPRGS ROAD**  
CITY - ST - ZIP **APOPKA FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **John W. Stacey**  
1.3 STREET ADDRESS **8400 Mattiuck Circle**  
1.4 CITY - ST - ZIP **Orlando FL 32829**

TITLE **D** ☒ DELETE  
NAME **CASH, SID**  
STREET ADDRESS **105 W. COLONIAL DRIVE**  
CITY - ST - ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Thomas J. Wasman**  
2.3 STREET ADDRESS **601 Majorca Ave.**  
2.4 CITY - ST - ZIP **Altamonte Springs FL 32714**

TITLE **S** ☐ DELETE  
NAME **WILLIAMS, DEBRA**  
STREET ADDRESS **2560 W. OAKRIDGE ROAD**  
CITY - ST - ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE  
NAME **ELLIS, JOH F.**  
STREET ADDRESS **407 W. CITRUS ST**  
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE  
NAME **MANN-SHEFFIELD, JEANIE**  
STREET ADDRESS **3061 CECILIA DRIVE**  
CITY - ST - ZIP **APOPKA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **HITECHEW, FRANCIS E.**  
STREET ADDRESS **825 QUAIL HOLLOW DRIVE**  
CITY - ST - ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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.

SIGNATURE:

**Debra A. Williams** **4-11-97** **407-673-0123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018852

CR2E037 (9/96)