

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90053 018 ****61.25

DOCUMENT # 731220

1. Corporation Name

SHELTERED COMMUNITY RESIDENCE, INC.

Principal Place of Business

6969 VENTURE CIRCLE
ORLANDO FL 32807

Mailing Address

6969 VENTURE CIRCLE
ORLANDO FL 32807



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/21/1974

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

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 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 ☐ DELETE

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

TITLE ☒ DELETE

NAME D
STACEY, JOHN W.
STREET ADDRESS 8400 MATITUCK CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME D
WASMAN, THOMAS J.
STREET ADDRESS 601 MAJORCA AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Raymond B. Hadley* SIGNATURE RECORDED: *Raymond B. Hadley* 3/11/99 (407) 886-5509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #