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

APPROVED AND FILED

95 MAY 16 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731274** **(7)**

1. Corporation Name

CENTRAL FLORIDA CARE ASSOCIATON FOR CHRISTIAN SC IENTISTS, INC.

Principal Place of Business	Mailing Address
700 E WELCH ROAD APOPKA FL 32712-2921 US	P. O. BOX 676 APOPKA FL 32704-0676 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/27/1974**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-1923715** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26 **700 E. Welch Road**		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
23	28 **Apopka, FL**		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 **32712-2921** / 30 **U.S.A.**		

9. Name and Address of Current Registered Agent

BATE, JANE S MRS
2300 LAKE RUBY RD.
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name: **Laubscher, Judy, Mrs.**
82 Street Address (P.O. Box Number is Not Acceptable): **40 Interlaken Road**
83
84 City: **Orlando** **FL** 85 Zip Code: **32804**

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: **Mrs. Judy Laubscher, Treasurer** — Judy Laubscher — **4/20/95**
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SIMS, GAIL D.	12 NAME	Bate, Jane S. Mrs.	
STREET ADDRESS	3712 S SUMMERLIN ST.	13 STREET ADDRESS	2300 Lake Ruby Road	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Deland, FL 32724	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	BATE, JANE S	22 NAME	LAUBSCHER, JUDY, MRS.	
STREET ADDRESS	2300 LAKE RUBY RD.	23 STREET ADDRESS	40 INTERLAKEN ROAD	
CITY-ST-ZIP	DELAND FL 32724	24 CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	VDAS	31 TITLE	VD	☒ Change ☐ Addition
NAME	CARGAN, MICHAEL	32 NAME	LACHEL, CONRAD P.	
STREET ADDRESS	102 S. LAWSONA BLVD.	33 STREET ADDRESS	5304 BYRON ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	34 CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	LAUBSCHER, JUDY MRS	42 NAME	HIGDON, BEVERLY, MRS.	
STREET ADDRESS	40 INTERLAKEN RD.	43 STREET ADDRESS	5430 MAGNOLIA ROAD	
CITY-ST-ZIP	ORLANDO FL 32804	44 CITY-ST-ZIP	ST. CLOUD, FL 34773	
TITLE	SD	51 TITLE	D	☒ Change ☐ Addition
NAME	SAWTELLE, MARGARET	52 NAME	JOVON, ARLENE, MRS.	
STREET ADDRESS	1901 N NORMANDY BLVD	53 STREET ADDRESS	308 SHADOW BAY BLVD.,APT. 110	
CITY-ST-ZIP	DELTONA FL	54 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	WINNER, GARY	62 NAME	BAUGHMAN, RICHARD, MR.	
STREET ADDRESS	303 FAIRWAY ROAD	63 STREET ADDRESS	345 WOODVALE DRIVE	
CITY-ST-ZIP	SANFORD FL	64 CITY-ST-ZIP	VENICE, FL 34293	

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: Jane S. Bate — Jane S. Bate, President — 4/19/95 — 904-736-9674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003041

THE SUMMIT

A Care Facility for Christian Scientists

Tel: (407) 880-8700
Fax: (407) 880-6144

131874

April 18, 1995

To Whom It May Concern:

The following names are listed as requested.

Miss Eleanor V. Ash (D)
481 Oak Haven Drive
Altamonte Springs, FL 32701

Mr. John Dann (D)
3025 Mulberry Drive
Titusville, FL 32780

Mrs. Gail D. Sims (D)
3712 S. Summerlin Street
Orlando, FL 32806