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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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	700 E WELCH ROAD APOPKA FL 32712-2921 US

3. Date Incorporated or Qualified: 11/27/1974	3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-1923715	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

BATE, JANE S.
2300 LAKE RUBY ROAD
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name	Jane Sommer
82 Street Address (P.O. Box Number is Not Acceptable)	213 Peppertree Court
83	
84 City	Lake Mary FL
85 Zip Code	32746

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 *Jane A. Sommer* 2/25/97
(Registered Agent signature, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LAUBSCHER, JUDY MRS.	
STREET ADDRESS	40 INTERLAKEN ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☒ DELETE
NAME	BATE, JANE S. MRS.	
STREET ADDRESS	2300 LAKE RUBY ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	☐ DELETE
NAME	STEWART, RICHARD	
STREET ADDRESS	417 N 3RD ST	
CITY-ST-ZIP	PALATKA FL	
TITLE	SD	☐ DELETE
NAME	HIGDON, BEVERLY	
STREET ADDRESS	5430 MAGNOLIA ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	☐ DELETE
NAME	SOMMER, JANE	
STREET ADDRESS	213 PEPPERTREE COURT	
CITY-ST-ZIP	LAKE MAY FL	
TITLE	D	☐ DELETE
NAME	BAUGHMAN, RICHARD	
STREET ADDRESS	345 WOODVALE DRIVE	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Jane Winner	
1.3 STREET ADDRESS	303 Fairway Drive, Sanford, FL 32773	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Ethel LaMendola	
2.3 STREET ADDRESS	119 Pine Needle Lane, Altamonte Springs, FL	
2.4 CITY-ST-ZIP	32714	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Jean Leffler	
3.3 STREET ADDRESS	1210 N. Old Mill Drive	
3.4 CITY-ST-ZIP	Deltona, FL 32725	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Charlene Poole	
4.3 STREET ADDRESS	3311 S. Country Club Drive	
4.4 CITY-ST-ZIP	Inverness, FL 34450	
5.1 TITLE	←TD	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☐ Change ☐ Addition
6.2 NAME	Baughman, Richard	
6.3 STREET ADDRESS	5781 Heathermere Lane, Port Orange, FL	
6.4 CITY-ST-ZIP	32127	

CR2E037 (9/96)

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: *Judy Laubscher* JUDY LAUBSCHER 2/25/97 407/293-4713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone # 0013055