FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CENTRAL ELORIDA CARE ASSOCIATON FOR CHRISTIAN SC

FILED May 22 1998 8:00am Secretary of State

IENTISTS, INC.									
Principal Place of Business		Mailing Address				1 14914 1966 9 11191 11914 11911 14914 9161 9161	ien aldır bibin i	TABUL BABIS 1884	
700 E WELCH ROAD		700 E WELCH ROAD			9 Date Incorporated as Ovalified				
APOPKA FL 32712-2921		APOPKA FL 32712-2031				3. Date Incorporated or Qualified			
US		US				11/27/1974 4. FEI Number		pplied For	
1						59-1923715		ot Applicable	
2. Principal P	lace of Business	2a. Mailing Address						Additional	
21		26				5. Certificate of Status Desired		Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			····	6. Election Campaign Financing	\$5.00	May Be	
22		27				Trust Fund Contribution Added to Fees			
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No			
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the cu	rrent year ir	ntangible	
24	25	29	30	,				□ No	
	9. Name and Address of Currer	nt Registered Agent		04 1		10. Name and Address of New Registered	Agent		
			81 Name						
SOMMER, JANE 213 PEPPERTREE COURT				82 Street	1 Address (P.O. Box Number is Not Acceptable)				
				83					
LAKE MARY FL 32746				**					
				84 City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statu	ites the e	bove-name(1 corpo			Its registered	
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 :
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 11	rlē)	D.	JANE WINNER	Change	X Addition	
NAME	LAUBSCHER, JUDY MRS.		1.2 N	AME	-	303 FAIRWAY DRIVE			
STREET ADDRESS	40 INTERLAKEN ROAD		1.3 \$	TREET ADDRESS	1				
CITY-ST-ZIP	ORLANDO FL			TY-84-ZIP		SANFORD, FL 32773			
TITLE	0	☐ DELETE	2.1 TI		_ n	CHARLENE POOLE	☐ Change	X Addition	
NAME	LAMENDOLA, ETHEL		2.2 N	AME	_	ASST. SECRETARY		}	
STREET ADDRESS	119 PINE NEEDLE LANE		_	TREET ADDRESS		3311 S. COUNTRY CLUB	DRIVE	,	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	Donette	_	ITY-ST-ZIP	 	JJII J. COUNTRI CLUB			
TITLE	QVD	☐ DELETE	3,1 11		:	INVERNESS, FL 34450	L Change	∐ Addition	
NAME STOCET ADDRESS	STEWART, RICHARD 417 N 3RD ST		3.2 N					Í	
STREET ADDRESS	PALATKA FL			REET ADDRESS					
CITY-ST-ZIP TITLE	SD	X DELETE	3.4. U	TY-ST-ZIP	† .	COM MBD4 CVS-3	Change	XXAddition	
NAME	HIGDON, BEVERLY	Mr	4.21			SST. TREASURER			
STREET ADDRESS	5430 MAGNOLIA ROAD			REET ADDRESS	اِ اِ	EAN LEFFLER			
CITY-ST-ZIP	ST. CLOUD FL			TY-S1-ZIP	1	210 N. Old Mill Dr.			
TITLE	TD	DELETE	5.1 Ti		1	DELTONA EL 20705	☐ Change	☐ Addition	
NAME	SOMMER, JANE		5.2 N		'	DELTONA, FL 32725	,		
STREET ADDRESS	213 PEPPERTREE COURT		5.3 S	REET ADDRESS					
CITY-ST-2IP	LAKE MAY FL			TY-51-ZIP					
TITLE	D	DELETE	6.1 10		D 1	ROBERT N. VAN DER LII	Change	XX Addition	
NAME	BAUGHMAN, RICHARD	Secretary	6.2 N	WE	ו ו	4033 SE 3RD STREET	Can		
STREET ADDRESS	5781 HEATHERMERE LANE		6.3 S	REET ADDRESS	1	OCALA, FL 34471			
CITY-ST-ZIP	PT OANGE FL		6.4 C	TY-ST-ZIP	`	ONUA, FL 344/1			

14. I 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.