2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 19, 2000 8:00 am
Secretary of State
04-24-2000 90087 034 ****61.25

DOCUMENT # 731274

1. Entity Name

CENTRAL FLORIDA CARE ASSOCIATON FOR CHRISTIAN SC

Principal Place of Business	Mailing Address
700 E WELCH ROAD APOPKA FL 32712-2921 US	700 E WELCH ROAD APOPKA FL 32712-2921 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1923715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEFFLER, JEAN 1210 N. OLD MILL DR. DELTONA FL 32725	Name: JANE SOMMER Street Address (P.O. Box Number is Not Acceptable): 213 PEPPERTREE COURT City: LAKE MARY **FL** Zip Code: 32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Jane A. Sommer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WINNER, JANE 303 FAIRWAY DRIVE SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAUBSCHER, JUDITTH 40 INTERLAKEN RD. ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAUGHMAN, DICK 5781 HEATHERMERE LANE PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PD CHARLENE POOLE 3311 S. COUNTRY CLUB DRIVE INVERNESS, FL 34450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEFFLER, JEAN 1210 N OLD MILL DRIVE DELTONA FL 32725	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER D JOY KEENAN 1025 AARON DRIVE DELTONA, FL 32725	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SOMMER, JANE 213 PEPPERTREE COURT LAKE MAY FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD LAMENDOLA, ETHEL 119 PINE NEEDLE LN. ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane A. Sommer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #