

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **735239** (6)

1. Corporation Name

PARACARE ASSOCIATION OF PALM BEACH, INC.



Principal Place of Business

Mailing Address

**44 COCOANUT ROW. SUITE T-9
P O BOX 532
PALM BCH FL 33480**

**44 COCOANUT ROW. SUITE T-9
P O BOX 532
PALM BCH FL 33480**

3. Date Incorporated or Qualified
03/11/1976

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
51-0199392

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAPLIN, NORMAN
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480**

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 **PD FLEMING, FRANK**
STREET ADDRESS **3203 VASSALLO AVE.**
CITY - ST - ZIP **LAKE WORTH FL**

TITLE ☐ DELETE
NAME **VP PERRON, RONALD B**
STREET ADDRESS **13208 MARCELA BLVD.**
CITY - ST - ZIP **LOXAHATCHEE FL**

TITLE ☐ DELETE
NAME **STD DAVIS, C. R**
STREET ADDRESS **846 SW MAGNOLIA BLUFF DR.**
CITY - ST - ZIP **PALM CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T/D DAVIS, C.R.**
3.3 STREET ADDRESS **846 SW MAGNOLIA BLUFF DR.**
3.4 CITY - ST - ZIP **PALM CITY, FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **CHARLES M. SAXTON**
4.3 STREET ADDRESS **714 NE 20TH LANE**
4.4 CITY - ST - ZIP **BOYNTON BEACH, FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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:

Charles M. Saxton

CHARLES M. SAXTON 1/17/96

(407)655-3822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)