

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 # 758700 (9)

1. Corporation Name

CONCERNED PERSONS FOR CLIENTS AT WORK ORIENTED R
EHABILITATION CENTER, INCORPORATED



Principal Place of Business

Mailing Address

1100 JIMMY ANN DR
DAYTONA BEACH FL 32117
US

1565 AIRPORT ROAD
ORMOND BEACH FL 32174
US

3. Date Incorporated or Qualified
06/10/1981

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2942208

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, JUDY
1565 AIRPORT ROAD
ORMOND BEACH FL 32174

81 Name

Judy Hall

82 Street Address (P.O. Box Number is Not Acceptable)

1565 Airport RD.

83

84 City

ORMONO Bch.

FL

85 Zip Code

32174

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

Judy Hall

(NOTE: Registered Agent signature required when reinstating)

4-2-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME POSSENTI, PATRICIA A
STREET ADDRESS 829 PINE TREE CT
CITY-ST-ZIP PT ORANGE FL

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

TITLE TD ☒ DELETE
NAME CAIN, BARBARA A.
STREET ADDRESS 192 GRAY DOVE CT
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE SD ☒ DELETE
NAME KOHL, JOAN
STREET ADDRESS 2928 S. PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TO ☐ DELETE
NAME Lucille I. Hunter
STREET ADDRESS 104 Par Drive
CITY-ST-ZIP New Smyrna Beach, FL 32168

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME Phyllis Morris
STREET ADDRESS 8 Chesney Circle
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Patricia A. Posenti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

Date

904-756-0885

Daytime Phone #

CR2E037 (12/95)