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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2942208

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDY HALL
1565 AIRPORT ROAD
ORMOND BEACH FL 32174**

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

TITLE **TD** ☒ DELETE
NAME **LUCILLE I HUNTER**
STREET ADDRESS **104 PAR DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **SD** ☐ DELETE
NAME **PHYLLIS MORRIS**
STREET ADDRESS **8 CHESNEY CIRCLE**
CITY-ST-ZIP **PALM COAST 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 **PD** ☒ Change ☐ Addition
1.2 NAME **LUCILLE I HUNTER**
1.3 STREET ADDRESS **104 PAR DRIVE**
1.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **PATRICIA A POSSENTI**
2.3 STREET ADDRESS **829 PINE TREE CT**
2.4 CITY-ST-ZIP **PT ORANGE FL**

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

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

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 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: **LUCILLE I HUNTER** *Lucille I Hunter* **8-28-98** **004 427-2288**

CR2E037 (10/97)