3-26-97 B- 344 NC FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759181

(1)

ELDERCARE, INC.

Principa! Place of Business

2. Principal Place of Business

Suite, Apt. #, etc

City & State

2765 CLYDO RD JACKSONVILLE FL 32207

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23

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Mailing Address
2765 CLYDO RD
JACKSONVILLE FL 32207-7901

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

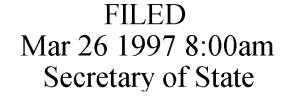
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Country

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Yes No

8. This corporation has liability for intangible tax under s. 199.032,

3a. Date of Last Report 08/02/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 07/15/1981

59-2412816

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81	1	Name	
WATERBURY, THEODORE R 2785 CLYDO RD			82	-	Street Address (P.O. Box Number is Not Acceptable)	
			102	1	Olibet Address (IO. Dox Holling is Not Acceptable)	
JACKSONVILLE, FL			83	1		
99997			84	۱.,	Office To Octo	
			04	1	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 at	·	legistered Age	ent s	eignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD OFFICERS AND D	DELETE	1.1 TITLE		Change Addition	
NAME	MOSIE, EDNA J	- Milli	1.2 NAME		Continue Continue	
	2765 CLYDO RD				nnece	
STREET ADDRESS	JACKSONVILLE, FL 00000		1.3 STREET		ì	
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - S 2.1 TITLE	51-6	Change Addition	
NAME	MOISE, MILTON	- Decemb	2.2 NAME		Second Control of Cont	
STREET ADDRESS	2765 CLYDO RD		23 STREET		nnacec	
	JACKSONVILLE, FL 00000					
CITY-ST-ZIP TITLE	VD	DELETE	2.4 CiTY-S 3.1 TITLE		Change Addition	
NAME	WATERBURY, THEODORE		3.2 NAME			
STREET ADDRESS	2765 CLYDO RD		3.3 STREET		DORESS	
CITY-SI-ZIP	JACKSONVILLE, FL 00000		34, CITY-			
TITLE	WHO TO THE COLUMN TO THE COLUM	DELETE	4.1 TITLE		Change Addition	
NAME		<u>-</u> -	4. 2 NAME			
STREET ADDRESS			4.3 STREET	TAD	DDAESS	
CITY-SI-ZIP			4.4 CiTY-5			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TAD	DDRESS	
CITY-ST-ZIP			5.4 CITY-5	St-7	ZIP	
TITLE		DELETE	6.1 TOTLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREE	T AD	DDRESS	
CITY-ST-ZIP			6.4 CITY-1	ST-	ZiP	
14. I do 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 conporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 190r Block 130 changed, or on an attachment with an address.						

Country

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