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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763909

1. Corporation Name

BIG PINE COMMUNITY CARE, INC.

Principal Place of Business

Mailing Address

1220 Willis Avenue
Daytona Beach, FL 32114-2810

3. Date Incorporated or Qualified
06/24/1982

3a. Date of Last Report
03/30/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt #, etc.

Suite Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBLE, KERMIT, J.
1016 VOLUSIA AVENUE
DAYTONA BEACH, FL 32014

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

Kermit J. Coble

April 22, 1996

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

B

☐ DELETE

NAME

ZIMNY, ANNA

STREET ADDRESS

892 DELTONA Blvd.

CITY-ST-ZIP

DELTONA, FL 32725

TITLE

D

☐ DELETE

NAME

SESSION, WILLIE MAE

STREET ADDRESS

1108 LAKEWOOD PARK DR.

CITY-ST-ZIP

DAYTONA BEACH, FL 32117

TITLE

PD

☐ DELETE

NAME

HILLS, RICHARD, REVEREND

STREET ADDRESS

BOX 1171-4662 S. CLYDE MORRIS Bldg

CITY-ST-ZIP

PORT ORANGE, FL 32119

TITLE

D

☐ DELETE

NAME

ATTICK, WILLIAM

STREET ADDRESS

1308 PEACHTREE ROAD

CITY-ST-ZIP

DAYTONA BEACH, FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996

Date

Daytime Phone #

CR2E037 (12/95)