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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 763909 (9)

1. Corporation Name

BIG PINE COMMUNITY CARE, INC.

Principal Place of Business

Mailing Address

1220 WILLIS AVENUE
DAYTONA BEACH FL 32114-2810

1220 WILLIS AVENUE
DAYTONA BEACH FL 32114-2810



3. Date Incorporated or Qualified
06/24/1982

3a. Date of Last Report
05/14/1996

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

24

25

29

30

4. FEI Number
59-2201208

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

COBLE, KERMIT J.
1018 VOLUSIA AVE.
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

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
D ZIMNY, ANNA
STREET ADDRESS
892 DELTONA BLVD.
CITY-ST-ZIP
DELTONA FL 32725

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
D SESSION, WILLIE M
STREET ADDRESS
1108 LAKEWOOD PARK DR.
CITY-ST-ZIP
DAYTONA BCH FL 32117

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
PF ATTACK, WILLIAM
STREET ADDRESS
1308 PEACHTREE ROAD
CITY-ST-ZIP
DAYTONA BEACH FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DUNN, LUCKEY M.D.
155 S. Halifax Ave.
Daytona Beach, FL 32118

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
PD HILLS, RICHARD, REVEREND
STREET ADDRESS
4662 S. CLYDE MORRIS BLVD.
CITY-ST-ZIP
PORT ORANGE FL 32119

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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.

CR2E037 (9/96)