

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763909 (9)**  
1. Corporation Name  
**BIG PINE COMMUNITY CARE, INC.**

Principal Place of Business <b>1220 WILLIS AVENUE DAYTONA BEACH FL 32114-2810</b>	Mailing Address <b>1220 WILLIS AVENUE DAYTONA BEACH FL 32114-2810</b>
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3. Date Incorporated or Qualified <b>06/24/1982</b>	
4. FEI Number <b>59-2201208</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**COBLE, KERMIT J.  
1018 VOLUSIA AVE.  
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent	
81 Name <b>Judson I. Woods, Jr.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>1020 International Speedway Blvd.</b>
83	84 City <b>Daytona Beach</b>
85 FL	86 Zip Code <b>32114</b>

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 **Judson I. Woods Jr.** DATE **2-3-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ZIMNY, ANNA</b>
STREET ADDRESS	<b>892 DELTONA BLVD.</b>
CITY-ST-ZIP	<b>DELTONA FL 32725</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SESSION, WILLIE M</b>
STREET ADDRESS	<b>1108 LAKEWOOD PARK DR.</b>
CITY-ST-ZIP	<b>DAYTONA BCH FL 32117</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PF DUNN, LUCKEY M</b>
STREET ADDRESS	<b>155 S HALIFAX AVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PD HILLS, RICHARD, REVEREND</b>
STREET ADDRESS	<b>4662 S. CLYDE MORRIS BLVD.</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PD</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VD Pete LaRosa</b>
5.3 STREET ADDRESS	<b>1825 Whippoorwill Lane</b>
5.4 CITY-ST-ZIP	<b>Deland, Fla 32720</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Deanna Schaeffer</b>
6.3 STREET ADDRESS	<b>111 N. Frederick Ave. Daytona Beach</b>
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: *[Signature]* 3 FEB 98

CR2E037 (10/97)