


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90034 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763909**

1. Corporation Name

**BIG PINE COMMUNITY CARE, INC.**

Principal Place of Business  
 1220 WILLIS AVENUE  
 DAYTONA BEACH FL 32114-2810

Mailing Address  
 1220 WILLIS AVENUE  
 DAYTONA BEACH FL 32114-2810



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/24/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2201208	
24 Country		29 Country		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOODS, JUDSON I JR 1020 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 Woods, Jr. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZIMNY, ANNA			1.2 NAME			
STREET ADDRESS	892 DELTONA BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAROSA, PETE			2.2 NAME			
STREET ADDRESS	1825 WHIPPOORWILL LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, LUCKEY M			3.2 NAME			
STREET ADDRESS	155 S HALIFAX AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEFFER, DEANNA			4.2 NAME			
STREET ADDRESS	111 N FREDERICK AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	CHAPPELL, LOIS		
STREET ADDRESS				5.3 STREET ADDRESS	65 CROOKED PINE ROAD		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	PORT ORANGE, FL # 32124		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	BENEDICT, JOSEPH		
STREET ADDRESS				6.3 STREET ADDRESS	P.O. Box 10809		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Daytona Beach, FL 32120		

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

3-2-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037. (1/198)