

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763909

FILED
Mar 18, 2004
Secretary of State**Entity Name:** BIG PINE COMMUNITY CARE, INC.**Current Principal Place of Business:**1220 WILLIS AVENUE
DAYTONA BEACH, FL 321142810**New Principal Place of Business:****Current Mailing Address:**1220 WILLIS AVENUE
DAYTONA BEACH, FL 321142810**New Mailing Address:****FEI Number:** 59-2201208**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIMPSON, SCOTT S ESQ.
595 W. GRANADA BLVD.
A
ORMOND BEACH, FL 32174 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELDER, LESLIE
Address: P.O. BOX 353527
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: DIXON, JACK
Address: 269 WESTHAMPTON DR.
City-St-Zip: PALM COAST, FL 32164

Title: VD () Delete
Name: CRANE, CHERYL C
Address: P O BOX 5176
City-St-Zip: ORMOND BEACH, FL 32175

Title: PD () Delete
Name: VAUGHEN, DANIEL
Address: P O BOX 364
City-St-Zip: DELAND, FL 32721

Title: D () Delete
Name: KELLY, THOMAS
Address: 89 S. ATLANTIC AVE, #1004
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ELDER, LESLIE
Address: P.O. BOX 353527
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change () Addition
Name: SPENCER, MARY
Address: 513 RIVERVIEW BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: PD (X) Change () Addition
Name: CRANE, CHERYL C
Address: P O BOX 5176
City-St-Zip: ORMOND BEACH, FL 32175

Title: D (X) Change () Addition
Name: VAUGHEN, DANIEL
Address: P O BOX 364
City-St-Zip: DELAND, FL 32721

Title: D (X) Change () Addition
Name: ZEIDWIG, DIANE
Address: 324 E. CHURCH STREET
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL CRANE

PD

03/18/2004

Electronic Signature of Signing Officer or Director

Date