FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:58

DOCUMENT # **767310** **(6)**

1. Corporation Name
FLORIDA ADULT DAY CARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
719 WALKER STREET, HOLLY HILL, FL P. O. BOX 10174 DAYTONA BEACH FL 32120 US	719 WALKER STREET, HOLLY HILL, FL P. O. BOX 10174 DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1983
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2283155 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HEIDRICH, NANNETTE
917 HAMLIN DR
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DP ☐ Change ☐ Addition
NAME	HEIDRICH, NANNETTE GENE	12 NAME	Cornett, Mark
STREET ADDRESS	917 HAMLIN DR	13 STREET ADDRESS	1471 SW 9th Avenue
CITY-ST-ZIP	SOUTH DAYTONA FL	14 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	PD	21 TITLE	DV ☒ Change ☐ Addition
NAME	BRIGGS, CAROL	22 NAME	Lecher, Christine
STREET ADDRESS	1251 N STONE STREET	23 STREET ADDRESS	230 Perth Lane
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	STD	31 TITLE	DST ☐ Change ☐ Addition
NAME	WILLIAMS, DIANA	32 NAME	Williams, Diana
STREET ADDRESS	3101 N. H STREET	33 STREET ADDRESS	3101 North H Street
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Pensacola, FL 32501
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

PERMITTED BY MAY 1

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 110.07(3)(k), 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: Nannette Heidrich 4-28-95 904252 2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nannette Heidrich

0023818