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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767310** (6)
1. Corporation Name
FLORIDA ADULT DAY CARE ASSOCIATION, INC.



Principal Place of Business 719 WALKER STREET, HOLLY HILL, FL P. O. BOX 10174 DAYTONA BEACH FL 32120 US	Mailing Address 719 WALKER STREET, HOLLY HILL, FL P. O. BOX 10174 DAYTONA BEACH FL 32120-0174
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3. Date Incorporated or Qualified 03/04/1983	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2283155	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEIDRICH, NANNETTE 917 HAMLIN DR SOUTH DAYTONA FL 32119	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CORNETT, MARK
STREET ADDRESS	99 NORTHWEST 183RD
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LECHER, CHRISTINE
STREET ADDRESS	230 PERTH LANE
CITY-ST-ZIP	WINTER PARK FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	WILLIAMS, DIANA
STREET ADDRESS	3101 NORTH H STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	PEARSON, JANET
STREET ADDRESS	920 51ST STREET WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	WARREN, KAREN
STREET ADDRESS	3303 NW 83RD STREET
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HEIDRICH, NANNETTE GENE
STREET ADDRESS	719 WALKER STREET
CITY-ST-ZIP	HOLLY HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cornett, Mark
1.3 STREET ADDRESS	1471 SW 9th Avenue
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lecher, Christine
2.3 STREET ADDRESS	808 W. Central Blvd.
2.4 CITY-ST-ZIP	Orlando, FL 32805
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Willingham, O.P.
3.3 STREET ADDRESS	5750 Berryhill Road
3.4 CITY-ST-ZIP	Milton, FL 32570
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Walker, Hermoyone
4.3 STREET ADDRESS	1110 W. Edgewood Avenue
4.4 CITY-ST-ZIP	Jacksonville, FL 32208
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Barnard, Cathy
5.3 STREET ADDRESS	239 U.S. 301 Blvd. E
5.4 CITY-ST-ZIP	Bradenton, FL 34208
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Nannette Heidrich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/11/97** 9042522489
Daytime Phone **4002485**

CR2E037 (9/96)