

FILE NOW: FILING FEE IS \$61.25

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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 03/04/1983	4. FEI Number 59-2283155	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 808 W. Central Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 808 W. Central Blvd Suite, Apt. #, etc.
City & State 23 Orlando, Florida Zip 24 32805	City & State 27 Orlando, Florida Zip 28 32805
Country 25 Orange	Country 29 Orange

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
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 checked="" type="checkbox"/> No	

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 Christine Lecher 82 Street Address (P.O. Box Number is Not Acceptable) 808 W. Central Blvd 83 84 City Orlando FL 85 Zip Code 32805
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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 *Christine Lecher* 6/18/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORNETT, MARK		1.2 NAME Christine Lecher	
STREET ADDRESS 1471 SW 9TH AVE		1.3 STREET ADDRESS 1117 Manigan Ave	
CITY-ST-ZIP DEERFIELD BEACH FL		1.4 CITY-ST-ZIP Oviedo, Florida 32765	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LECHER, CHRISTINE		2.2 NAME Marsha Lorenz	
STREET ADDRESS 230 PERTH LANE		2.3 STREET ADDRESS 600 Courtland St, Suite 200	
CITY-ST-ZIP WINTER PARK FL		2.4 CITY-ST-ZIP Orlando, Florida 32804	
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, DIANA		3.2 NAME Karen Warren	
STREET ADDRESS 3101 NORTH H STREET		3.3 STREET ADDRESS 3303 NW 83rd St	
CITY-ST-ZIP PENSACOLA FL		3.4 CITY-ST-ZIP Gainesville, FL 32606	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, HERMOYONE		4.2 NAME	
STREET ADDRESS 1110 W EDGEWOOD AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNARD, CATHY		5.2 NAME	
STREET ADDRESS 239 U.S 301 BLVD E		5.3 STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEIDRICH, NANNETTE GENE		6.2 NAME	
STREET ADDRESS 719 WALKER STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP HOLLY HILL FL		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)(l), 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: *Christine Lecher* 6/18/98 (407) 846-1958

CR2E037 (10/97)