

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767310

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: FLORIDA ADULT DAY CARE ASSOCIATION, INC.

**Current Principal Place of Business:**

5200 NW 43RD ST  
102 PM8-310  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

5200 NW 43RD ST #102  
PMB 310  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

FEI Number: 59-2283155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIXON, CINDY  
5877 OLD TIMUQUANA ROAD  
JACKSONVILLE, FL 32210

**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: P ( ) Delete  
Name: DAVIS, ELIZABETH  
Address: 5001 HOLLYWOOD BLVD D  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPT ( ) Delete  
Name: EVANS, FAYE  
Address: 9901 CISCO DR  
City-St-Zip: JACKSONVILLE, FL 32219

Title: S ( ) Delete  
Name: SPAID, MARY  
Address: 2002 NW 36TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VP ( ) Delete  
Name: DUNCAN, GWEN  
Address: 20855 NW 9 COURT D  
City-St-Zip: MIAMI, FL 33169

Title: D (X) Delete  
Name: DIXON, CINDY  
Address: 13650 STONEYBROOK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: EVANS, FAYE T  
Address: 9901 CISCO DR  
City-St-Zip: JACKSONVILLE, FL 32219

Title: S (X) Change ( ) Addition  
Name: DIXON, CINDY  
Address: 5877 OLD TIMUQUANA ROAD  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FAYE T EVANS

T

04/30/2004

Electronic Signature of Signing Officer or Director

Date