FILED

Jul 31, 2003 8:00 am Secretary of State

05-27-2003 90166 047 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767310

1. Entity Name

FLORIDA ADULT DAY CARE ASSOCIATION, INC.

D.4 1.00			Ī	OD WE THE						
Principal Plai	ce of Business	Mailing Address	 -							
5200 NW 43RD ST 102 PM8-310 Gainesville FL-32606 US		\$200 NW 43RD ST #102 PMB 310 Gainesville FL 32606 US			1 (48)() (48)6 \$	11th 1 4614 151 6 5 11 9 15		0529 ₁		
2. Principal I	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 5	9-2283155		A	oplied For	
Zip	Country	Zip Co		try				\$8.75 Ad	ot Applicable	
			<u> </u>		5. Certificate of S		; ;	Fee Require		
	6. Name and Address of Current	Hegistered Agent	+	Name	7. Name and Add	tress of New R	egistered	Agent		
- DIXON-C	CINDY			Street Addre	ess (P.O. Box Number is	Not Acceptable				
	D TIMUQUANA ROAD		.		TO DON NOTIFICE IS		, 			
JACKSO	NVILLE FL 32210		L							
			ſ	City			FL	Zip Cod	le	
	named entity submits this statement for	or the purpose of changing it	s registered	office or regi	istered agent, or both, in	the State of Flo	rida. 1 am	familiar with,	and accept	
the obliga	tions of registered agent.	,								
SIGNATURE										
SIGNATIONE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature rec	quired when reinstating)		DATE			
									-	
	FILE NOW: FEE IS \$61.25	9. Election Ca	manian Fin	ancina					4	
					\$5.00 May Be			k Payable		
After Sep	tember 10, 2003, min will be \$2		Contribution		\$5.00 May Be Added to Fees			k Payable rtment of S		
	tember 10, 2003, min will be \$2 OFFICERS AND DII	236.25 Trust Fund				Florid	la Depar	tment of	State	
10. TITLE	OFFICERS AND DIE	236.25 Trust Fund	11.		Added to Fees ADDITIONS/CHANG	Florid	la Depar	tment of	State	
10. TITLE NAME	OFFICERS AND DIE	Trust Fund	11. TITLE NAME	<u> </u>	Added to Fees ADDITIONS/CHANG	Florid	la Depar	RECTORS IN	State I 10	
10. TITLE	OFFICERS AND DIE	Trust Fund	11. TITLE NAME	ADDRESS 5	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	RECTORS IN	State I 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210	Trust Fund	11. TITLE NAME STREET	ADDRESS 5	Added to Fees ADDITIONS/CHANG	Florid	la Depar	RECTORS IN	State I 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE	RECTORS Trust Fund Delete	11. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	TRECTORS IN Change	State 1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR	RECTORS Trust Fund Delete	TITLE NAME STREET CITY-S TITLE NAME STREET STREET STREET	ADDRESS ADDRESS	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	TRECTORS IN Change	State 1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE	RECTORS Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE CITY-S TITLE CITY-S	ADDRESS ADDRESS	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	RECTORS IN Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA	RECTORS Trust Fund Delete	TITLE NAME STREET CITY-S TITLE NAME STREET STREET STREET	ADDRESS ADDRESS	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	TRECTORS IN Change	State 1 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA 1008 NE 115TH STREET	RECTORS Delete Delete	TITLE NAME STREET NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET STREET	ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	RECTORS IN Change	Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA	Trust Fund RECTORS Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	Change Change	Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA 1008 NE 115TH STREET MIAMI FL 33161 S	RECTORS Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE THE	ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	RECTORS IN Change	Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA 1008 NE 115TH STREET	Trust Fund RECTORS Delete Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	Change Change	Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA 1008 NE 115TH STREET MIAMI FL 33161 S SPAID, MARY	Trust Fund RECTORS Delete Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG ADDITIONS/CHANG	Florid	la Depar	Change Change	Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA 1008 NE 115TH STREET MIAMI FL 33161 S SPAID, MARY 2002 NW 36TH AVENUE GAINESVILLE FL 32605 VP	Trust Fund RECTORS Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG ADDITIONS/CHANG AUIS, Elizabe ADDITIONS/CHANG	Florid	la Depar	Change Change	Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA— 1008 NE 115TH STREET MIAMI FL 33161 S SPAID, MARY 2002 NW 36TH AVENUE GAINESVILLE FL 32605 VP SCHINDLER, ALICIA	Trust Fund RECTORS Delete Delete Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP	Added to Fees ADDITIONS/CHANG DOU'S, Elizabe BOTH HOTHY WA HOTHY WAR	Florid ES TO OFFICER CONTROL SAN	la Depar	Change Change Change	Addition Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE P DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA— 1008 NE 115TH STREET MIAMI FL 33161 S SPAID, MARY 2002 NW 36TH AVENUE GAINESVILLE FL 32605 VP SCHINDLER, ALICIA 1008 NE 115TH ST	Trust Fund RECTORS Delete Delete Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG SOUIS, Elizabe SOUIS, Holly wa Holly wax Fi	Florid ESTO OFFICEF COURT COURT	la Depar	Change Change Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA— 1008 NE 115TH STREET MIAMI FL 33161 S SPAID, MARY 2002 NW 36TH AVENUE GAINESVILLE FL 32605 VP SCHINDLER, ALICIA	Trust Fund RECTORS Delete Delete Delete Delete	Contribution 11. TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG DOU'S, Elizabe BOTH HOTHY WA HOTHY WAR	Florid ESTO OFFICEF COURT COURT	la Depar	RECTORS IN Change Change Change Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME VAME VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME	OFFICERS AND DIE P DIXON, CINDY 5877 OLD TIMUQUANA ROAD JACKSONVILLE FL 32210 VPT EVANS, FAYE 9901 CISCO DR JACKSONVILLE FL 32219 SD SCHINDLER, ALICIA 1008 NE 115TH STREET MIAMI FL 33161 S SPAID, MARY 2002 NW 36TH AVENUE GAINESVILLE FL 32605 VP SCHINDLER, ALICIA 1008 NE 115TH ST MIAMI FL 33161	Trust Fund RECTORS Delete Delete Delete	TITLE NAME STREET CITY-S TITLE NAME STREET STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANG SOUIS, Elizabe SOUIS, Holly wa Holly wax Fi	Florid ESTO OFFICEF COURT COURT	la Depar	Change Change Change	Addition Addition Addition	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKSONVILLE FL 32210

SIGNATURE

7/28/03 954-983-2742