

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000006572

1. Corporation Name

HOME AND COMMUNITY CARE, INC.

Principal Place of Business

% ASSISTED LIVING CONCEPTS/ WM. MCBRIDE  
9955 S.E. WASHINGTON STREET, THIRD FLOOR  
PORTLAND OR 97216

Mailing Address

% ASSISTED LIVING CONCEPTS/ WM. MCBRIDE  
9955 S.E. WASHINGTON STREET, THIRD FLOOR  
PORTLAND OR 97216

FILED  
Jul 28, 1999 8:00 am  
Secretary of State

07-28-1999 90002 011 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

86-0864255

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

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

2. Principal Place of Business

21 11835 NE Glenn Widing Dr.

2a. Mailing Address

26 11835 NE Glenn Widing Dr.

Suite, Apt. #, etc.

22 Building E

Suite, Apt. #, etc.

27 Building E

City & State

23 Portland, OR

City & State

28 Portland, OR

Zip

24 97220

Country

25 USA

Zip

29 97220

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILSON, KEREN B  
STREET ADDRESS 9955 S.E. WASHINGTON, THIRD FLOOR  
CITY-ST-ZIP PORTLAND OR 97216

TITLE TD ☒ DELETE

NAME WILLIAM MCBRIDE III  
STREET ADDRESS 9955 SE WASHINGTON STE 300  
CITY-ST-ZIP PORTLAND OR 97216

TITLE S ☐ DELETE

NAME SANDRA CAMPBELL  
STREET ADDRESS 9955 SE WASHINGTON STE 300  
CITY-ST-ZIP PORTLAND OR 97216

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 11835 NE Glenn Widing Dr., Bldg. E  
1.4 CITY-ST-ZIP Portland, OR 97220

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME JAMES W. CRUCKSHANK  
2.3 STREET ADDRESS 11835 NE Glenn Widing Dr., Bldg. E  
2.4 CITY-ST-ZIP Portland, OR 97220

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 11835 NE Glenn Widing Dr., Bldg. E  
3.4 CITY-ST-ZIP Portland, OR 97220

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Keren Brown Wilson  
4.3 STREET ADDRESS 11835 NE Glenn Widing Dr., Bldg. E  
4.4 CITY-ST-ZIP Portland, OR 97220

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra Campbell Secretary

7/9/99

503/252-6233

CR2E034 (5/99)

0123343