FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

H85821

(7)

TALLAHASSEE CARING PLACE, INC.

INCU	WINDOLL CAIMING I LACE,					
Principal Place o	of Business	Mailing Address				D! (18) Alàit Alàit Alais Sian Alai Alai tide
% ALICE L. JENSEN 223 W. 5TH AVENUE TALLAHASSEE FL 32303		223 W. 5TH AVENUE	% Alice L. Jensen 223 w. 5th Avenue Tallahassee Fl 32303			
TALLAI MOC	ALL TE SECON	111211110012 12 1			3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 04/20/1995
2. Principal Place	ce of Business	2a. Mailing Address 26			4. FEI Number 59-2631503	Applied For Not Applicable
Suite, Apt. #	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Oity & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ(ρ)	Goun 30	try	8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered Agent
			1	31 Name		
JENSEN, ALICE L. 223 W. 5TH AVE.			1	82 Street Address (P.O. Box Number is Not Acceptable)		
	HASSEE FL 32303		1	33		
				34 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 of agent, or both, in the State of Flora n, and accept the obligations of, Sect	ta. Such chance was authorize	ed by the co	e-named corporporation's bo	oration submits this statement for the purp ard of directors. Theraby accept the appo	lose of changing its registered office intraent as registered agent. I am
SIGNATURE						1-17-91-
SIGNATURE Z	Springer typed or printed any of registered agent	and blood accordable (NE)		gent signature respi	real where residuating	DAFE
12.	OFFICERS AN		13.	T-	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Addition
TITLE	P	☐ DELETE	1 1 TH			Charge Add-trutt
NAME	JENSEN, ALICE LUCAS		1.2 NA			
STREET ADDRESS	223 W.5TH AVENUE		1	EET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	F DELETE		Y-ST-ZIP		Change Addition
TITLE		DELETE	2 1 111	1		C on the control of
NAME	BONNER, CATHERINE JEN	ISEN	2 2 NAI			
STREET ADDRESS	1606 8TH AVENUE			REET ADDRESS		
C+TY - ST - ZtP	BRADENTON FL 34205	☐ DELETE		Y-SI-Z-P		Change Addition
TITLE	S IEMOEM DUILID EVAN		3 1 11° 3 2 NAI			
NAME DEBES ADDRESS	JENSEN, PHILLIP EVAN 2890 GREEN FOREST LAN	۱C		HEET ADDRESS		
STREET ADDRESS	TALLAHASSEE FL	IL.		Y-ST ZIP		
CHTY - ST - 73P	V V	T DELETE	2.4 CH			Change Addition
TITLE NAME	JENSEN, PETER EIRIK		7.2 NA			
STREET ADDRESS	744 DERBYSHIRE DR.		1	REET ADDRESS		
	TALLAHASSEE FL			Y-SI-ZIP		
CITY-ST-ZIP TITLE	INCOME NOUSE I E	DELETE	5 1 Ti	·		Change Addition
NAME		<u></u>	5.2 NA			j
STREET ADDRESS				REET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		DELETE	6 170			Change Addition
NAME		<u> </u>	6.2 NA			
STREET ADORESS				REF1 ADDRESS		'
CITY-ST-ZIP				Y 51-7IP		
0111-01-210	L			<u> </u>	f D Contino 110	02/2014 Clasida Otalutan I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early 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 3 if changed, or on an attachment with an address. CHARLES AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR LANSON 1-17-96 222-0544

SIGNATURE: (