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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L74110

(2)

1. Corporation Name

COMMUNITY BASED CARE, INC.

Principal Place of Business

1670 SW 35TH CIRCLE
OKEECHOBEE FL 34973
US

Mailing Address

P.O. BOX 1326
OKEECHOBEE FL 34973-1326
US



3. Date Incorporated or Qualified

05/07/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0345359

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 600 S. PARROTT AVENUE

Suite, Apt. #, etc.

22 City & State

23 OKEECHOBEE, FL

Zip

24 34974

Country

25 OK

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

9. Name and Address of Current Registered Agent

FENNELLY, ANDREW L
3701 NORTH FLAGLER DR
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name ANDREW L. FENNELLY

82 Street Address (P.O. Box Number is Not Acceptable)

907 MARINA DRIVE

83 APT. 207

84 City NORTH Palm Beach, FL

85 Zip Code 33408

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

Andrew L. Fennelly

(NOTE: Registered Agent signature required when reinstating)

1/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME FENNELLY, ANDREW

STREET ADDRESS P.O. BOX 3706 N/A

CITY - ST - ZIP W PALM BEACH FL 33402

TITLE D/S ☐ DELETE

NAME ZENGOTA, ERIC

STREET ADDRESS P.O. BOX 8486 N/A

CITY - ST - ZIP WEST PALM BCH FL 33407

TITLE DP ☒ DELETE

NAME BAUM, NORMAN L

STREET ADDRESS 135 S.E. 5TH AVE SUITE 10

CITY - ST - ZIP DELRAY BEACH FL 33483

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 DVP ☒ Change ☐ Addition

1.2 NAME ANDREW L. FENNELLY

1.3 STREET ADDRESS 907 MARINA DRIVE, APT. 207

1.4 CITY - ST - ZIP NORTH Palm Beach, FL 33408

2.1 TITLE D/S/T ☐ Change ☐ Addition

2.2 NAME ERIC ZENGOTA

2.3 STREET ADDRESS 156 SUMMIT AVENUE

2.4 CITY - ST - ZIP CLIFFSIDE PARK, N.J. 07010

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 do 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:

Andrew L. Fennelly, Pres. ANDREW L. FENNELLY

1/29/97

941-763-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)