

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUN 24 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M66421**  
 1. Corporation Name  
**THE CEDARS OF OKLAWAHA, INC.**

Principal Place of Business <b>12351 SE 135TH CT. OKLAWAHA FL 32183 US</b>	Mailing Address <b>P.O. BOX 339 OKLAWAHA FL 32183 US</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> <b>25</b>	<b>29</b> <b>30</b>

**3.** Date Incorporated or Qualified  
**01/28/1988**

**4.** FEI Number  
**59-2866572**

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 Tax.  Yes  No

**9. Name and Address of Current Registered Agent**

**CAFFALL, MARTHA E.  
12351 SE 135TH COURT  
OKLAWAHA FL 32179**

**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 **32183**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CAFFALL, CRAIG A.</b>
STREET ADDRESS	<b>12351 SE 135TH CT.</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CAFFALL, MARTHA E.</b>
STREET ADDRESS	<b>12351 SE 135TH CT.</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>D, V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>Hensdill, Gloria M.</b>
<b>1.3</b> STREET ADDRESS	<b>PO Box 845, 16845 SE 65 St.</b>
<b>1.4</b> CITY-ST-ZIP	<b>Ocklawaha, FL</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**100002921561--2**  
~~07/01/99-0100-013~~ Addition  
**\*\*\*\*150.00 \*\*\*\*150.00**

**SP**

**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, with all other like empowered.

SIGNATURE: Martha E. Caffall **Martha E. Caffall** 6/17/99 352/288-1350



AN ADULT MENTAL HEALTH RESIDENCE

**THE CEDARS**  
Of Oklawaha Inc.

P.O. Box 339 • Oklawaha, Florida 32183 • 352/288-1350 • FAX 288-2775

June 18, 1999

**CERTIFIED MAIL RETURN RECEIPT REQUESTED**

Annual Reports Filings  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document Number **MS6421**

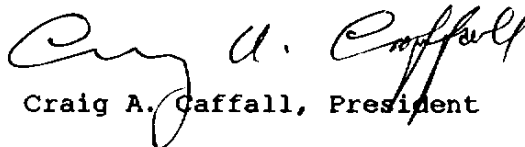
Gentlemen:

I called your office yesterday, June 17<sup>th</sup>, to ask if the late filing fee can be forgiven in view of the physical problems my wife and I have experienced. I am recovering from heart attack and by-pass surgery and my wife is recovering from a stroke. But we **are** recovering.

I was told by a kind gentleman the enclosed 1999 annual report with filing fee of \$150.00 may be accepted, but if not, we will be notified to pay the balance.

Thank you.

THE CEDARS OF OKLAWAHA, INC.

  
Craig A. Caffall, President

CAC:mc  
Enc.