

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90066 001 ****61.25
09-09-2004 90066 002 ****8.75

DOCUMENT # N03000006205



1. Entity Name
**THE LATMA OUTREACH & REHABILITATION CENTER,
INC.**

Principal Place of Business
**200 SW CAPTAIN BROWN ROAD
MADISON, FL 32340**

Mailing Address
**200 SW CAPTAIN BROWN ROAD
MADISON, FL 32340**

66433342



2. Principal Place of Business
491 SW Captain Brown Road

3. Mailing Address
491 SW Captain Brown Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08302004 Chg-NP CR2E037 (10/03)

City & State
Madison, FL

City & State
Madison, FL

4. FEI Number ☐ Applied For
XXX Not Applicable

Zip
32340

Country
Madison

Zip
32340

Country
Madison

5. Certificate of Status Desired **XXX** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, EMILY
RT. 4 BOX 1725
MADISON, FL 32340**

7. Name and Address of New Registered Agent

Name
Same

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

1218 NW Pickle Lane

City
Madison

FL **32340**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Emily Spencer**

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

Emily Spencer

(NOTE: Registered Agent signature required when reinstating)

September 7, 2004

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SPENCER, CARL E**
STREET ADDRESS **RT. 4 BOX 1735**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE **V** ☐ Delete
NAME **SPENCER, EMILY**
STREET ADDRESS **RT 4 BOX 1735**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE **T** ☒ Delete
NAME **DAVIS, DIANE**
STREET ADDRESS **P.O. BOX 425**
CITY-ST-ZIP **MADISON, FL 32341**

TITLE **S** ☐ Delete
NAME **HART, EMMA**
STREET ADDRESS **200 SAMATRA ROAD APT. 11**
CITY-ST-ZIP **MADISON, FL 32340**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1218 NW Pickle Lane**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS **1218 NW Pickle Lane**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Nathaniel Olliff**
STREET ADDRESS **P.O. Box 1045**
CITY-ST-ZIP **Madison, FL 32341**

TITLE **Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 1045**
CITY-ST-ZIP **Madison, FL 32341**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Emily Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emily Spencer

9/7/04

Date

(850) 973-3313

Daytime Phone #