

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # N03395 (3)

1. Corporation Name

CHARLEE FAMILY CARE SERVICES OF CENTRAL FLORIDA,  
INC.

Principal Place of Business

Mailing Address

500 WINDERLEY PL.  
SUITE 110  
MAITLAND FL 32751  
US

500 WINDERLEY PL.  
SUITE 110  
MAITLAND FL 32751  
US

3. Date Incorporated or Qualified

06/01/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 500 Winderley Place

26 500 Winderley Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 110

27 Suite 110

City & State

City & State

23 Maitland, FL

28 Maitland, FL

Zip Country

Zip Country

24 32751

25 USA

29 32751

30 USA

4. FEI Number

59-2453833

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, GLORIA  
2887 HARBOUR GRACE COURT  
APOPKA FL 32703

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MURRAY, GLORIA  
STREET ADDRESS 2887 HARBOUR GRACE COURT  
CITY-ST-ZIP APOPKA FL 32703

11 TITLE Chairman/Secretary & Treas.  
12 NAME Murray, Gloria  
13 STREET ADDRESS 2887 Harbour Grace Court  
14 CITY-ST-ZIP Apopka, FL 32703

TITLE D  
NAME MICHAEL, FANNON A  
STREET ADDRESS 365 KAPOK COURT  
CITY-ST-ZIP LONGWOOD FL 32779

21 TITLE Vice President  
22 NAME Fannon, Michael A.  
23 STREET ADDRESS 365 Kapok Court  
24 CITY-ST-ZIP Longwood, FL 32779

TITLE V  
NAME WARNER, JONNIE MAE  
STREET ADDRESS 500 WINDERLY PLACE  
CITY-ST-ZIP MAITLAND FL

31 TITLE Director  
32 NAME Warner, Jonnie Mae  
33 STREET ADDRESS 500 Winderley Place  
34 CITY-ST-ZIP Maitland, FL 32751

TITLE CEO  
NAME MARTIN, LUIS R JR  
STREET ADDRESS 4957 COURTLAND LOOP  
CITY-ST-ZIP WINTER SPRINGS FL 32708

41 TITLE CEO & President  
42 NAME Martir, Luis R. Jr.  
43 STREET ADDRESS 4957 Courtland Loop  
44 CITY-ST-ZIP Winter Springs, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE Director  
52 NAME Dr. Creamer, David Andrew  
53 STREET ADDRESS 234 Timberland Ave.  
54 CITY-ST-ZIP Longwood, FL 32750

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE Director  
62 NAME Leftwich, Deborah  
63 STREET ADDRESS 508 Oakhurst St.  
64 CITY-ST-ZIP Altamonte, Spgs., 32701

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

(40)

660-222-6

Date

Daytime Phone

CR2E037 (12/95)