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Jul 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03395 (3)

1. Corporation Name
CHARLEE FAMILY CARE SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business 500 WINDERLEY PL. SUITE 110 MAITLAND FL 32751 US	Mailing Address 500 WINDERLEY PL. SUITE 110 MAITLAND FL 32751-7406 US
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2. Principal Place of Business 21 11875 High Tech AVE Suite, Apt. #, etc. 22 Suite 200 City & State 23 Orlando, FL 32817 Zip 24 32817	2a. Mailing Address 26 11875 High Tech AVE Suite, Apt. #, etc. 27 Suite 200 City & State 28 Orlando, FL Zip 29 32817	Country 25 Orange	Country 30 Orange
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9. Name and Address of Current Registered Agent

**MURRAY, GLORIA
2887 HARBOUR GRACE COURT
APOPKA FL 32703**

3. Date Incorporated or Qualified 06/01/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2453833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name Warner, Jonnie MAE
82 Street Address (P.O. Box Number is Not Acceptable) 11875 High Tech AVE
83 Suite Suite 200
84 City Orlando
85 Zip Code FL 32817

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 **Jonnie Mae Warner** DATE **6/10/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Smith, Randall	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MURRAY, GLORIA		1.2 NAME 200 NORTH Thornton AVE	
STREET ADDRESS 2887 HARBOUR GRACE COURT		1.3 STREET ADDRESS ORLANDO FL 32801	
CITY-ST-ZIP APOPKA FL		1.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DeLoffert, Allan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MICHAEL, FANNON A		2.2 NAME 2208 South West Danforth Circle	
STREET ADDRESS 365 KAPOK COURT		2.3 STREET ADDRESS Palm City, FL 34990	
CITY-ST-ZIP LONGWOOD FL		2.4 CITY-ST-ZIP Palm City, FL 34990	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARNER, JONNIE MAE		3.2 NAME WARNER, JONNIE MAE	
STREET ADDRESS 500 WINDERLY PLACE		3.3 STREET ADDRESS 11875 High Tech AVE	
CITY-ST-ZIP MAITLAND FL		3.4 CITY-ST-ZIP ORLANDO FL 32817	
TITLE CEOP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE MARTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, LUIS R JR		4.2 NAME	
STREET ADDRESS 4957 COURTLAND LOOP		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DR. CREAMER, DAVID ANDREW		5.2 NAME	
STREET ADDRESS 234 TIMBERLAND AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEFTWICH, DEBORAH		6.2 NAME	
STREET ADDRESS 506 OAKHURST ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

Jonnie Mae Warner 6/10/97

CR2E037 (9/96)



**CHARLEE FAMILY CARE SERVICES
OF CENTRAL FLORIDA, INC.**

CHILDREN HAVE ALL RIGHTS LEGAL EDUCATIONAL AND EMOTIONAL

Quality Care Since 1984

July 15, 1997

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Response to Letter# 997A00033245

Please find attached our Nonprofit Corporation Annual Report. Also it list the following three (3) directors and their street addresses in block 13. Using a "D" to designate their title per your request.

Title: (D) Director
Name: Randall Smith
Street Address: 200 North Thornton Avenue
City, State, Zip: Orlando, Florida 32801

Title: (D) Director
Name: Allan Loffert
Street Address: 2208 South West Danforth Circle
City, State, Zip: Palm City, Florida 34990

Title: (D) Chairman Director
Name: Jonnie Mae Warner
Street Address: 11875 High Tech Avenue
City, State, Zip: Orlando, Florida 32817

I hope this satisfy your request. If I need to fill out a new form please send me one or let me know what else I need to do.

Ronald C. Seals

Ronald C. Seals
Fiscal Manager



11875 High Tech Avenue • Suite 200 • Orlando, FL 32817

