

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90018 012 ****70.00

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DOCUMENT # N03395

1. Corporation Name

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

Principal Place of Business

**11875 HIGH TECH AVE
STE 200
ORLANDO FL 32817
US**

Mailing Address

**11875 HIGH TECH AVE
STE 200
ORLANDO FL 32817
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

06/01/1984

4. FEI Number

59-2453833

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

9. Name and Address of Current Registered Agent

**WARNER, JOHNNIE MAE
11875 HIGH TECH AVE
STE 200
ORLANDO FL 32817**

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SMITH, RANDALL**
STREET ADDRESS **200 NORTH THORNTON AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **LOFFERT, ALLAN**
STREET ADDRESS **2208 SW DANFORTH CIRCLE**
CITY-ST-ZIP **PALM CITY FL**

TITLE **CD** ☐ DELETE
NAME **WARNER, JONNIE MAE**
STREET ADDRESS **11875 HIGH TECH AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE
NAME **SHEPPARD, CYRIL**
STREET ADDRESS **1538 TRUMBULL STREET**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☐ DELETE
NAME **WRIGHT, SHARON**
STREET ADDRESS **5162 TELLSONN PLACE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/S/T** ☒ Change ☐ Addition
1.2 NAME **SMITH, RANDALL**
1.3 STREET ADDRESS **200 NORTH THORNTON AVE.**
1.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32801**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D/P** ☒ Change ☐ Addition
4.2 NAME **SHEPPARD, CYRIL**
4.3 STREET ADDRESS **1538 TRUMBULL STREET**
4.4 CITY-ST-ZIP **KISSIMMEE, FL. 34744**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **DEB BANISTER**
6.3 STREET ADDRESS **2121 CAMDEN ROAD**
6.4 CITY-ST-ZIP **ORLANDO, FLORIDA 32817**

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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 **407-273-8444**
Date Daytime Phone

CR2E037 (11/98)