2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90037 038 ****70.00

DOCUMENT # N03395

1. Entity 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
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2453833 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHEPPARD, CYRIL
11875 HIGH TECH AVE
STE 200
ORLANDO, FL 32817

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DST ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	PRYOR, CHRISTY	NAME	JITTU, DANIEL
STREET ADDRESS	644 RAYMOND AVENUE	STREET ADDRESS	4044 W. LAKE MARY BLVD. # 132
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	LAKE MARY, FL. 32746
TITLE	D ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	LOFFERT, ALLAN	NAME	PROLY, PAUL T.
STREET ADDRESS	12150 RESEARCH PARKWAY	STREET ADDRESS	610 SYCAMORE STREET, S 220
CITY-ST-ZIP	ORLANDO, FL 32826	CITY-ST-ZIP	CELEBRATION, FL. 34747
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WARNER, JONNIE MAE	NAME	
STREET ADDRESS	11875 HIGH TECH AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, CYRIL	NAME	
STREET ADDRESS	1538 TRUMBULL STREET	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHATMAN, JULIA	NAME	
STREET ADDRESS	2400 WEST 33RD ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Cyril Sheppard CYRIL SHEPPARD 1/7/05 407-273-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #