

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90043 025 \*\*\*\*61.25

**66004379**



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N04000003391</b> 1. Entity Name <b>STROKE SURVIVORS &amp; CAREGIVERS OF FLORIDA, INC.</b>					
Principal Place of Business <b>3625 NEW JERSEY ROAD #136 LAKELAND FL 33803 US</b>			Mailing Address <b>PO BOX 2807 LAKELAND FL 33806</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEL Number <b>27-0086263</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>LEPERE, WILLIAM R SR. 3625 NEW JERSEY ROAD #136 LAKELAND FL 33803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>LEPERE, WILLIAM R SR.</b> <b>3625 NEW JERSEY ROAD, #136</b> <b>LAKELAND FL 33803</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>BISHOP, BARRY R</b> <b>3123 STONEWATER DRIVE</b> <b>LAKELAND FL 33803</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST</b> <b>LEPERE, EDITH C</b> <b>3625 NEW JERSEY ROAD, #136</b> <b>LAKELAND FL 33803</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE: <i>William R. LePere, Sr.</i> William R. LePere, Sr. Pres. 1/29/05 867-649-6442</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					