

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90173 007 ****61.25

DOCUMENT # N04000010875 1. Entity Name FLORIDA NON-MEDICAL CARE ASSOCIATION INC.					
Principal Place of Business 4625 10TH AVENUE NORTH LAKE WORTH FL 33463			Mailing Address PO BOX 13089 TALLAHASSEE FL 32317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1755247	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHINEHART, ROBERT 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name <u>David Florance</u> Street Address (P.O. Box Number is Not Acceptable) <u>4625 10th Ave. N.</u> City <u>Lake Worth</u> FL Zip Code <u>33463</u>	
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 <u>David Florance</u> DATE <u>1-30-06</u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PRES FLORANCE, DAVID H 4625 10TH AVENUE NORTH LAKE WORTH FL 33463 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, PAUL M 3959 NOVA ROAD, SUITE 26 PORT ORANGE FL 32127 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LOFTUS, DON G 2351 W. EAU GALIE BLVD., SUITE 7 MELBOURNE FL 32935 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Matt Ayker 650 Douglas Ave, Ste 1027 Altamonte Springs, FL 32714 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES Pat Bell P.O. Box 4983 Titusville, FL 32782 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>David Florance Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>1-30-06</u> Daytime Phone # <u>561-357-9346</u>	