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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N05341

1. Corporation Name

**CITIZENS RESIDENTIAL CARE ASSOCIATION OF PASCO C
OUNTY, INC.**

Principal Place of Business

5532 AULD LN
P O BOX 682
HOLIDAY FL 34690
US

Mailing Address

P O BOX 682
P O BOX 682
ELFERS FL 34690
US



2. Principal Place of Business

21 5532 Auld Ln

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Holiday FL

28 City & State

City & State

24 Zip Country

34690 US

29 Zip Country

30 Zip Country

3. Date Incorporated or Qualified

09/25/1984

4. FEI Number

59-2489490

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

TROY, GORDON D
5828 CORKWOOD CT
HOLIDAY FL 34690

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 PD ☐ DELETE

NAME GLASS, BETTY J
STREET ADDRESS 6345 SPRINGER DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VD ☐ DELETE

NAME WALL, JUDITH L
STREET ADDRESS 12902 CEDAR RIDGE DR
CITY-ST-ZIP HUDSON FL 34669

TITLE SD ☐ DELETE

NAME BOWES, JUDITH M
STREET ADDRESS 3500 MONTE RIO ST
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE SD ☐ DELETE

NAME BOWES, JUDITH M
STREET ADDRESS 3500 MONTE RIO ST
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ DELETE

NAME TROY, GORDON D
STREET ADDRESS 5828 CORKWOOD CT
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☐ DELETE

NAME MONTANO, ALICE H
STREET ADDRESS 5513 RIDDLE RD
CITY-ST-ZIP HOLIDAY FL 34690

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Gluchowski, Michele
1.3 STREET ADDRESS 4234 Floramar Ter
1.4 CITY-ST-ZIP New Port Richey FL 34652

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 ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Betty J. Glass SIGNATURE REQUIRED Betty J. Glass

March 5, 1999

727-849-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)