

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90338 024 ****70.00

DOCUMENT # N20873

1. Entity Name
CARE DIVERSIFIED OF LAKE COUNTY, INC.



Principal Place of Business
35201 RADIO RD
LEESBURG, FL 34788 US

Mailing Address
35201 RADIO RD
LEESBURG, FL 34788 US

14014977



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2808772

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASKEW, JOHN
35201 RADIO RD
LEESBURG, FL 34788

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, 2004**

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

TITLE TD ☐ Delete
NAME PIXLEY, TOM
STREET ADDRESS 5025 GREENBRIAR TRAIL
CITY-ST-ZIP LEESBURG, FL 34788

TITLE PD ☒ Delete
NAME BOWLING, J C
STREET ADDRESS 1861 EDGEWATER DRIVE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE CEO ☐ Delete
NAME ASKEW, JOHN
STREET ADDRESS 35201 RADIO RD
CITY-ST-ZIP LEESBURG, FL 34788

TITLE VD ☐ Delete
NAME FISHER, NEIL
STREET ADDRESS 9800 US HWY 441
CITY-ST-ZIP LEESBURG, FL 34788

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME CARRIE FISH
STREET ADDRESS 1681 EDGEWATER DR.
CITY-ST-ZIP MT DORA, FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

352-787-3079

Daytime Phone #