

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90002 025 ****61.25

DOCUMENT # N25284

1. Corporation Name

PLANNERS FOR HOUSING AND CARE, INC.

Principal Place of Business

17 CHIPMAN WAY
KINGSTON MA 02364
US

Mailing Address

C/O LOYD M. STARRETT-MAHONEY, HAWKES ET AL
75 PARK PLAZA
BOSTON MA 02116



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/08/1988

4. FEI Number

04-3031262

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

BALANO, SUE M
3800 INTERNATIONAL PLACE
100 S.E. SECOND STREET
MIAMI FL 33131

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 CD ☐ DELETE
NAME HINAND, ALLEN J
STREET ADDRESS 4 WELLINGTON STREET
CITY-ST-ZIP BOSTON MA 02118

TITLE PD ☐ DELETE
NAME LEWIS, TERENCE G JR.
STREET ADDRESS 55 DORRANCE STREET
CITY-ST-ZIP PROVIDENCE RI 02903

TITLE TD ☐ DELETE
NAME JOSEPH, MARIETTA
STREET ADDRESS 175 FEDERAL STREET
CITY-ST-ZIP BOSTON MA 02110

TITLE SD ☐ DELETE
NAME STARRETT, LOYD M
STREET ADDRESS 23 GRANITE STREET
CITY-ST-ZIP ROCKPORT MA 01966

TITLE D ☐ DELETE
NAME TURNER, PHILIP M
STREET ADDRESS 1159 MAIN STREET
CITY-ST-ZIP WALTHAM MA 02154

TITLE D ☐ DELETE
NAME BIOTTI, JOSEPH JR.
STREET ADDRESS 14 BONAIRE CIRCLE
CITY-ST-ZIP WABAN MA 02168

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Granchelli, William F.
1.3 STREET ADDRESS 80 Autumn Road
1.4 CITY-ST-ZIP Wrentham, MA 02093

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Ice, Richard W., Rev.Dr.
2.3 STREET ADDRESS 19427 Forest Place
2.4 CITY-ST-ZIP Castro Valley, PA 94546

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Miller, James A.
3.3 STREET ADDRESS 67 Bourne Street
3.4 CITY-ST-ZIP Newton, MA 02166

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Wallace, Robert B., Rev.Dr.
4.3 STREET ADDRESS 108 Youle Street
4.4 CITY-ST-ZIP Melrose, MA 02176

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Blanton, H. Elmore
5.3 STREET ADDRESS 19 Otsego Drive
5.4 CITY-ST-ZIP Hudson, MA 01749

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loyd M. Starrett, Secretary

4/27/99

(617) 457-3100

Date

Daytime Phone #

CR2E037 (11/98)

0080346