FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:20

DOCUMENT # N28740 (1)

1. Corporation Name
THE H.WARNER WEBB CENTER FOR INDEPENDENT LIVING, INC.

Principal Place of Business	Mailing Address
C/O SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202	C/O SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2919779 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HUELLMANTEL, AL	1.2 NAME		
STREET ADDRESS	340 SAN JUAN DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL	1.4 CITY-ST-ZIP		
TITLE	C	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CONNORS, W. BRUCE	2.2 NAME		
STREET ADDRESS	PO BOX 2286 NA	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CARTER, GEORGE	3.2 NAME		
STREET ADDRESS	8342 BROOKMONT AVE.S.	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D/T	☒ Change ☐ Addition
NAME	CONNORS, SUZANNE H.	4.2 NAME	Robert L. Maige	
STREET ADDRESS	4247 POINT LAVISTA DR.W.	4.3 STREET ADDRESS	4500 Salisbury Rd, Suite 160	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, Fl 32216	
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KIRKLAND-WEBB, CAROLYN	5.2 NAME		
STREET ADDRESS	1849 SEMINOLE RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MORELAND, HENRY	6.2 NAME		
STREET ADDRESS	2360 LAKESHORE DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: George W. Carter George W. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

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