

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N28740

(1)

1. Corporation Name

THE H. WARNER WEBB CENTER FOR INDEPENDENT LIVING,  
INC.

Principal Place of Business

C/O SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE FL 32202

Mailing Address

C/O SMITH HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified

10/07/1988

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

#1 Name

#2 Street Address (P.O. Box Number is Not Acceptable)

#3

#4 City

FL

#5 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 or authorized representative

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUELLMANTEL, AL	
STREET ADDRESS	340 SAN JUAN DR.	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNORS, W. BRUCE	
STREET ADDRESS	PO BOX 2286 NA	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, GEORGE	
STREET ADDRESS	8342 BROOKMONT AVE.S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MAIGE, ROBERT	
STREET ADDRESS	4500 SALISBURY RD, SUITE 160	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKLAND-WEBB, CAROLYN	
STREET ADDRESS	1849 SEMINOLE RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORELAND, HENRY	
STREET ADDRESS	2360 LAKESHORE DR.	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 12

11 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Sandy Arts	
13 STREET ADDRESS	421 W Church St #521	
14 CITY - ST - ZIP	Jacksonville FL 32202	
21 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Chris Oakley	
23 STREET ADDRESS	1837 Ingleside Ave	
24 CITY - ST - ZIP	Jacksonville FL 32205	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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)(k), 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:

*Christopher L. Oakley*

Christopher L. Oakley

4-26-96

904/672-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E037 (12/95)