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→ NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N28740

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

FILED May 08 1997 8:00am Secretary of State



	ace of Business	-				I			
C/O SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202		225 WATER STREE	C/O SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202-5151						
		• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified 10/07/1988	3a. Date of 05/0	f Last Re 1/1996	
	Place of Business	2a. Mailing Add	iress		******	4. FEI Number		Apr	olied For
21		26				59-2919779		Not	Applicable
Suite, Ap	t #, etc.	Suite, Apt. 4	#, etc.			5. Certificate of Status Desired	□ \$	8.75 A	dditional
22 City & St	ate	27 City & State	1			# Flooties Compoles Sinoneira			
23	aio	28	,			Election Campaign Financing Trust Fund Contribution		5.00 to Added to	
Zıp	Country	Zip		Country		8. This corporation has liability for	intangible t ax i	under s.	199.032,
24	25	29	30		·		Yes XN		
	9. Name and Address of C	Current Registered Agent				10. Name and Address of New Re	gistered Ager	nt	
				81	Name				
	HULSEY & BUSEY			82	Street Ade	dress (P.O. Box Number is Not Acceptab	ole)		
	RST UNION NATIONAL BANK	TOWER		83					·
	TER STREET			63					
JACKSU	INVILLE FL 32202			84	City		FL 8	5 Zip C	ode
44 Durana	at to the provisions of Costions 61	17 0502 and 617 1509 Flor	rida Ctatutae, ti	ha above	pomod oo	erporation submits this statement for the p	<u> </u>	paina ita	registered
TI. Fursuar	a registered egent or both in the	Ctate of Elected Cuch abo	iva bialutos, ti	I TO BLOOVE	the corner	ation's board of directors. I hereby accept	pt the appointr	nent as i	renistered
office o	r registered agent, or both, in the	state of Florida, Such Cha	inge was autho	orized by	· p. p				08:0:0:00
office o agent I	r registered agent, or both, in the am familiar with, and accept the	obligations of, Section 617	inge was autho 7.0503, Florida	Statutes	i.	·			ogivio:ou
office o agent I SIGNATURE									ogiolo:cu
SIGNATURE	Signature, typed or printed name of registr	ered agent and title if applicable		gistered Age		quired when reinstating)	DATE		
	Signature, typed or printed name of registr	ered agent and title if applicable RS AND DIRECTORS			nt signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE BECIT TAME DIFFERE	DATE CERS AND DIF		S IN 12
SIGNATURE	Signature, typed or printed name of registr OFFICEF	ered agent and title if applicable RS AND DIRECTORS	(NOTE Reg	gistered Age	nt signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE BECIT TAME DIFFERE	DATE CERS AND DIF	RECTOR	S IN 12
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Learning the unit macroin supplied with this iming does not quality for the exemption stated in section 119.07(3)(i), Frorida 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:

Daytime Phone 0004018



BOARD OF DIRECTORS

OFFICERS

J President

Christopher L. Oakley

Vice-President

Robert L. Maige, C.P.A.

Secretary

Joyce C. Eyrick

Treasurer

√ John H. McCorvey, Jr., Esq.

Lise M. Alexandre

Sandra L. Arts

George W. Carter

Clifford B. David, M.D., M.P.H.

Mischelle Grant

Bruce R. Grob, Ph.D.

Wendy T. Gross, R.N.

James R. Martin

John M. Mazur, M.D.

Thomas J. McEnany

Douglas J. Milne

Sherri L. Moody

Ricardo Morales, III

Jane Loop Nimnicht

Maurice J. Pilver

Patrick A. Sabadie

Veronica W. Valentine, Ed.D.

Carolyn Kirkland-Webb

Stephen K. Wilson

EMERITUS

H. Warner Webb, M.D.

EX-OFFICIO

Wanda M. Someillan

EXECUTIVE DIRECTOR

Donna C. Zahra, ARNP, MSN

H. Warner Webb Center For Independent Living