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FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2919779

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD
EYRICK, JOYCE C
10756 HENDRICKS AVE.
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
OAKLEY, CHRIS
1837 INGLESIDE AVE
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
CARTER, GEORGE
8342 BROOKMONT AVE.S.
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VPD
MAIGE, ROBERT
3740 ST. JOHNS BLUFF RD., STE. 5
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
KIRKLAND-WEBB, CAROLYN
1849 SEMINOLE RD.
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD
MCCORVEY, JOHN H JR.
1075 HENDRICKS AVE.
JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

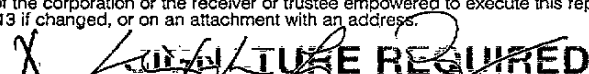
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:  SIGNATURE REQUIRED

CR2E037 (10/97)