1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N28740**

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								

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

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

## FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90173 041 \*\*\*\*61.25



3. Date Incorporated or Qualifed

10/07/1988

59-2919779

4. FEI Number

. City & Stat	8	_ City & State 28				5. Certificate of Status Desired			
23	Country	Zip				6 Election Compaign Financia	g _ \$5.00	May Ro	
Zip	Country 25	29 30				6. Election Campaign Financing Trust Fund Contribution	Added t	, ,	
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
5. Name and Address of Current Registered Agent					Name	1			
SMITH HULSEY & BUSEY					82 Street Address (P.O. Box Number is Not Acceptable)				
1800 FIRST UNION NATIONAL BANK TOWER							<del></del> ,		
225 WATER STREET									
JACKSONVILLE FL 32202					City		FL 85 Zip (	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida	Statutes, the	above	-named corpo	ration submits this statement for th	ne purpose of changing its	registered	
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 relinstating)  DATE  12  OFFICERS AND DIRECTORS IN 12									
12.						ADDITIONS/CHANGES TO C			
TITLE	SD	DEL	ETÉ 1.1	TITLE	150	ecretury,	Change	Addition	
NAME	EYRICK, JOYCE C	1	1.2	NAME		Lanice Harbe	AUY COLLINS	·	
STREET ADDRESS	100 AUTHORIOMO ANT			STREET	STREET ADDRESS 91832 1.0000 MULTE 15000				
CITY-ST-ZIP	JACKSONVILLE FL			CITY-SI	r-ZiP	JAX, FC 3.	7210		
TITLE	PD	DA DEL	ETÉ 2.1	TITLE		resident	Change Change	☐ Addition	
NAME	OAKLEY, CHRIS	1	2.2	NAME	) [7	John Mc Corv	its auc		
STREET ADDRESS	1837 INGLESIDE AVE		2.3	STREET	ADDRESS	1075 Hunder	16505	-	
CITY-ST-ZIP	JACKSONVILLE FL			CITY-S	T-ZIP	Jux, FC	Of OCT Change	Addition	
TITLE	D ~	DEL		TITLE ~	<i>-</i> V	ice Presence	MT Change	* K would	
NAME	CARTER, GEORGE	ļ.	1	NAME		Jane LOOP	12136	.	
STREET ADDRESS	8342 BROOKMONT AVE.S.		١ ١		ADDRESS	2867 IMIG	27740		
CITY-ST-ZIP	JACKSONVILLE FL	<del></del>		CITY-S	T-ZIP	JAX, PC	Change	Addition	
TITLE	VPD	DEL		TITLE	7	TVES! and and	Change	ACAGGGG	
NAME	MAIGE, ROBERT	ŧ	1 1	2 NAME		sice morall	A)	1.5te11	
STREET ADDRESS	3740 ST. JOHNS BLUFF RD., S	TE. 5	1		'ADDRESS '	10900 Phillips	Highway	77.	
CITY-ST-ZIP	JACKSONVILLE FL	<del></del>		CITY-\$1	r-ZIP	Dax F	Change	X Addition	
TITLE	D	DEL	1 2	TITLE		Director!	, T <sup>c</sup> -	THE VICTORIA	
NAME	KIRKLAND-WEBB, CAROLYN	1	1	NAME		nichael Erno	ira	ļ	
STREET ADDRESS	1849 SEMINOLE RD.		/ /			BOT nina St.	Day 7 32	rx07	
CITY-ST-ZIP	JACKSONVILLE FL	- Pari		CITY-SI	1-217	0-10-0	760 TChange	Addition	
TITLE	TD	☐ DEL	/	NAME.	10	WELTO!	K 2 stands	7	
NAME	MCCORVEY, JOHN H JR.	MARADO 1	U I		ADDOESS 1	Bruce Cerob	- <del>L</del>	. }	
STREET ADDRESS	1075 HENDRICKS AVE.	(Nu procid	1/1 4 1		ADDRESS	131 Nalgura	3220CF		
CITY OF TID	IACKGUNIALI E EL	~ (1/1/27) U	- 18 / J∕ ■ 6.8	ony∕s	1-ZIP   1	$\mathcal{L}_{\mathcal{L}}$	シャ ダクしゃ		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report is suppliemental 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.

TURE AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Design Desig

**22E037 (11/98)** 

Applied For

Not Applicable