

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91052 015 \*\*\*\*61.25

<b>DOCUMENT # N32679</b>
1. Entity Name <b>TIME OUT RESPITE CARE, INC.</b>

Principal Place of Business <b>24246 HARBOR VIEW RD PORT CHARLOTTE, FL 33980 US</b>	Mailing Address <b>24246 HARBOR VIEW RD PORT CHARLOTTE, FL 33980 US</b>
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**14000306**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0155190</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BATSEL, MCKINLEY I 18401 MURDOCK CIR PT CHARLOTTE, FL 33948</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, MARLENE 1186 BIRCHCREST ST PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERT NARDI 1612 Atwater North Port, FL 43286 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZZONI, JOSEPH 22347 ADORN ST PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STEWART, REV TIM 11330 BURNT STORE RD PUNTA GORDA, FL 33951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HARTZELL, SHARON 23213 OCEAN BLVD PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SULLIVAN, PEG 3028 SE 5TH PL. CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAVOY, HILDA 18026 EAU GALLIE CIR PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sharon Hartzell **4-21-04** **941-743-3883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #