FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:25

DOCUMENT # N34698 (3)

1. Corporation Name
GREEN MEADOWS CARE CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O TRAWICK, HAMMERSLEY & VALENTINE, P.A. P.O. BOX 7456 SARASOTA FL 34278-7456	C/O TRAWICK, HAMMERSLEY & VALENTINE, P.A. P.O. BOX 7456 SARASOTA FL 34278-7456

3. Date Incorporated or Qualified: 10/16/1989
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0226974 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOMMERS, LEVI B. 2151 DOG KENNEL RD. SARASOTA FL 34240	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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD	1.1 TITLE	☐ Change ☐ Addition
NAME	SOMMERS, LEVI B.	1.2 NAME	
STREET ADDRESS	2151 DOG KENNEL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	TVD	2.1 TITLE	☐ Change ☐ Addition
NAME	SOMMERS, NORA J.	2.2 NAME	
STREET ADDRESS	2151 DOG KENNEL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	DTS	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, IRENE	3.2 NAME	
STREET ADDRESS	1273 CARTER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ALVIN M.	4.2 NAME	
STREET ADDRESS	1273 CARTER AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARSOTA FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	BEACHY, REUBEN	5.2 NAME	
STREET ADDRESS	1055 FOX CREEK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	MULLETT, WILLIS	6.2 NAME	
STREET ADDRESS	4856 WILD DOVE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 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)(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: Irene Miller Irene Miller Sec Tres 1-25-95 813-955-2187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044140