

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34698 (3)

1. Corporation Name

GREEN MEADOWS CARE CENTER, INC.



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
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0226974

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

Alvin Miller

82

Street Address (P.O. Box Number is Not Acceptable)

1273 Carter Ave.

83

84 City

Sarasota

FL

85 Zip Code

34239

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

Alvin Miller
Signature, typed or printed name of registered agent and title if applicable

Alvin Miller

4-24-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TPD ☐ DELETE
NAME SOMMERS, LEVI B.
STREET ADDRESS 2151 DOG KENNEL RD.
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 51136 TR 225
1.4 CITY-ST-ZIP Fresno, OH 43842

TITLE TVD ☐ DELETE
NAME SOMMERS, NORA J.
STREET ADDRESS 2151 DOG KENNEL RD.
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 51136 TR 225
2.4 CITY-ST-ZIP Fresno, OH 43842

TITLE DTS ☐ DELETE
NAME MILLER, IRENE
STREET ADDRESS 1273 CARTER AVE.
CITY-ST-ZIP SARASOTA FL

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

TITLE TD ☐ DELETE
NAME MILLER, ALVIN M.
STREET ADDRESS 1273 CARTER AVE.
CITY-ST-ZIP SARASOTA FL

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

TITLE TD ☐ DELETE
NAME BEACHY, REUBEN
STREET ADDRESS 1055 FOX CREEK DR
CITY-ST-ZIP SARASOTA FL

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

TITLE TD ☐ DELETE
NAME MULLETT, WILLIS
STREET ADDRESS 4856 WILD DOVE LANE
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Irene Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene Miller

4-24-96

941-955-2187

Date

Daytime Phone #

CR2E037 (12/95)