


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90139 023 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N34698</b>					
1. Corporation Name <b>GREEN MEADOWS CARE CENTER, INC.</b>					
Principal Place of Business C/O TRAWICK, HAMMERSLEY & VALENTINE, P.A. P.O. BOX 7456 SARASOTA FL 34278-7456			Mailing Address C/O TRAWICK, HAMMERSLEY & VALENTINE, P.A. P.O. BOX 7456 SARASOTA FL 34278-7456		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1989</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0226974</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>MILLER, ALVIN 1273 CARTER AVE. SARASOTA FL 34239</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code <b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERS, LEVI B.	1.2 NAME	
STREET ADDRESS	51136 TR 225	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRESNO OH 43824	1.4 CITY-ST-ZIP	
TITLE	TVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERS, NORA J.	2.2 NAME	
STREET ADDRESS	51136 TR 225	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRESNO OH 43824	2.4 CITY-ST-ZIP	
TITLE	DTS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALVIN M.	4.2 NAME	
STREET ADDRESS	1273 CARTER AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

**SIGNATURE:** *Alvin Miller* **SIGNATURE REQUIRED** *Alvin Miller* **9-4-99** **941-955-2187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)