

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N37671**

**(7)**

1. Corporation Name

**ADOPT-A-VILLAGE MISSIONS, INC.**



Principal Place of Business

Mailing Address

**1719 MAHAN DRIVE  
TALLAHASSEE FL 32308  
US**

**1719 MAHAN DRIVE  
TALLAHASSEE FL 32308  
US**

3. Date Incorporated or Qualified  
**04/13/1990**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**58-1894305**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

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

**FREDRICK, JEFFREY R  
6332 COUNT FLEET TRAIL  
TALLAHASSEE FL 32308**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **KEPPER, WILLIAM**  
CITY-STATE-ZIP **1885 PROFESSIONAL PK CIR**  
**TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MERRITT, LOU**  
CITY-STATE-ZIP **2629 VASSAR ROAD**  
**TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **FREDRICK, JEFFREY**  
CITY-STATE-ZIP **1719 MAHAN DR.**  
**TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **VARKEY, MARY**  
CITY-STATE-ZIP **474 PESARO ST**  
**AGOURA CA**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SUTTON, PAULA**  
CITY-STATE-ZIP **504 W. TENNESSEE**  
**TALLAHASSEE FL**

TITLE ☐ DELETE  
NAME **MTD**  
STREET ADDRESS **GRADDY, KAREN (A**  
CITY-STATE-ZIP **1719 MAHAN DRIVE**  
**TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE ☒ Change ☐ Addition  
42 NAME **Varkey Anderson, Mary**  
43 STREET ADDRESS **38277 SW 192nd Ave., Lot #17**  
44 CITY-STATE-ZIP **Homestead, FL 33034**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

See attached for complete Board list

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96  
Date

904, 878-1108  
Daytel: 306 #

CR2E037 (12/95)

**ADOPT-A-VILLAGE MISSIONS, INC.  
BOARD OF DIRECTORS  
FEBRUARY, 1996**

Jeffrey R. Fredrick, M.S., C.O.  
Project Director, AAVM  
Rehabilitation Engineering, Inc.  
1719 Mahan Drive  
Tallahassee, FL 32308

William Kepper, M.D.  
Medical Director, AAVM  
1885 Professional Park Cr., #30  
Tallahassee, FL 32308

Gina Graddy  
Administrator/Treasurer, AAVM  
Rehabilitation Engineering, Inc.  
1719 Mahan Drive  
Tallahassee, FL 32308

Linda Schroeder, Secretary, AAVM  
261 Timberlane Road  
Tallahassee, FL 32312

Marlene Brudenell, R.N.  
9601-12 Miccosukee Road  
Tallahassee, FL 32308

Dr. David Keen  
1516 Blockford Court East  
Tallahassee, FL 32311

Lisa Kohler, M.D.  
1301 Hodges Drive  
Tallahassee, FL 32308

Sidney L. Matthew  
Gorman & Matthew, PA  
135 South Monroe Street  
Tallahassee, FL 32301

Lou Merritt  
2629 Vassar Road  
Tallahassee, FL 32308

Robert M. Morrison  
909 Abbiegail Drive  
Tallahassee, FL 32303

Paula Sutton  
Post Office Box 305  
Tallahassee, FL 32302

Mary Varkey, R.N.  
38277 SW 192nd Ave., Lot #17  
Homestead, FL 33034

Timothy Walker, M.D.  
1301 Hodges Drive  
Tallahassee, FL 32308

Irene Wilson, R.N.  
3287 Horseshoe Trail  
Tallahassee, FL 32312