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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:17

DOCUMENT # **N41822** (0)

1. Corporation Name
SANTAFE COMMUNITY CARE, INC.

Principal Place of Business Mailing Address
8930 NW 39TH AVENUE ~~8930 N.E. 39TH AVENUE~~
GAINESVILLE FL 32606 ~~780 S.W. 2ND AVE. SUITE 555~~
US ~~GAINESVILLE FL 32606~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/28/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3051104** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26 8930 N.W. 39th Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28 Gainesville, FL**
Zip Country Zip Country
24 **25** **29 32606** **30 USA**

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
DEMONTMOLLIN, STEPHEN J
8930 NW 39TH AVENUE
~~**SUITE 555**~~
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **HUGHEY, P. JAN**
STREET ADDRESS **8930 NW 39TH AVE**
CITY-ST-ZIP **GAINESVILLE FL**
TITLE ~~**D**~~
NAME ~~**TAYLOR, ANN**~~
STREET ADDRESS ~~**8930 NW 39TH AVENUE**~~
CITY-ST-ZIP ~~**GAINESVILLE FL**~~
TITLE **DC**
NAME **MONTGOMERY, JEFF**
STREET ADDRESS **8930 NW 39TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**
TITLE **DST**
NAME **CHANCE, JEAN**
STREET ADDRESS **8930 NW 39TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**
TITLE ~~**DP**~~
NAME **PEDDIE, EDWARD C.**
STREET ADDRESS **8930 NW 39TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**
TITLE ~~**D**~~
NAME ~~**ROARK, STEVEN**~~
STREET ADDRESS ~~**8930 NW 39TH AVENUE**~~
CITY-ST-ZIP ~~**GAINESVILLE FL**~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Durrance, Jack**
2.4 CITY-ST-ZIP **8930 N.W. 39th Avenue**
Gainesville, FL
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME **P**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME **D**
6.3 STREET ADDRESS **McKinley, Paul**
6.4 CITY-ST-ZIP **8930 N.W. 39th Avenue**
Gainesville, FL 32606

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 110.07(3)(b), 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: E.C. Peddie **E.C. PEDDIE** **3/20/95** **(904) 372-8400**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SantaFe Community Care, Inc.

Board of Directors (con't)

D	Banks, LaKay	8930 N.W. 39th Avenue	Gainesville, FL 32606
D	Martin, Gloria	8930 N.W. 39th Avenue	Gainesville, FL 32606