

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 # **N41822 (0)**
1. Corporation Name
SANTAFE COMMUNITY CARE, INC.



Principal Place of Business Mailing Address
3303 N.W. 83RD ST. GAINESVILLE FL 32606 US

3. Date Incorporated or Qualified **01/28/1991** 3a. Date of Last Report **04/05/1995**
4. FEI Number **59-3051104** 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

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

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 **LEONARD J. GRILL**
82 Street Address (P.O. Box Number is Not Acceptable) **PO Box 100303 - mailing address**
83 **1329 SW 16th St. - physical address Ste. 5251**
84 City **Gainesville, FL** 85 Zip Code **32608**

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 *Leonard J. Grill* **Leonard J. Grill** 05/03/96
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	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHEY, P. JAN	
STREET ADDRESS	8930 NW 39TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DURRANCE, JACK	
STREET ADDRESS	8930 N.W. 39TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, JEFF	
STREET ADDRESS	8930 NW 39TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CHANCE, JEAN	
STREET ADDRESS	8930 NW 39TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PEDDIE, EDWARD C.	
STREET ADDRESS	8930 NW 39TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKINLEY, PAUL	
STREET ADDRESS	8930 NW 39TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Paul Matts
53 STREET ADDRESS	1600 SW Archer Rd.
54 CITY-ST-ZIP	G'ville, FL 32610
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 if changed, or as an attachment with an address.

SIGNATURE: *Jeff Montgomery* **JEFF MONTGOMERY** 04/30/96 375-1755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)