# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # N41979** (8)

1. Corporation Name

**KINGS POINT TAMARAC WE CARE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % MARION STERN<br>10959 CLAIRMONT CIRCLE<br>TAMARAC FL 33321 | KINGS POINT TAMARAC WECARE INC<br>7620 NOB HILL RD<br>TAMARAC FL 33321<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 02/06/1991 | 3a. Date of Last Report: 03/30/1994 |
| 4. FEI Number: 65-0245631 | ☐ 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 |
| 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 | |

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

**9. Name and Address of Current Registered Agent**

STERN, ROSETTA
10973 CLAIRMONT CIR
TAMARAC FL 33321

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | DIRECTOR & PRESIDENT | ☐ Change ☐ Addition |
| NAME | STERN, ROSETTA | 1.2 NAME | STERN, ROSETTA | |
| STREET ADDRESS | 10973 CLAIRMONT CIR | 1.3 STREET ADDRESS | 10973 CLAIMONT CIR | |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | TAMARAC,FL. 33321 | |
| TITLE | D | 2.1 TITLE | DIRECTOR AND SECRETARY | ☐ Change ☐ Addition |
| NAME | STERN, MARION | 2.2 NAME | STERN, MARION | |
| STREET ADDRESS | 10959 CLAIRMONT CIR | 2.3 STREET ADDRESS | 10959 CLAIRMONT CIR | |
| CITY-ST-ZIP | TAMARAC FL | 2.4 CITY-ST-ZIP | TAMARAC, FL. 33321 | |
| TITLE | D | 3.1 TITLE | DIRECTOR AND 1ST VICE PRES. | ☐ Change ☐ Addition |
| NAME | BIE, PHYLISS | 3.2 NAME | BIE, PHYLLIS | |
| STREET ADDRESS | 7637 TRENT DR | 3.3 STREET ADDRESS | 7637 TRENT DR | |
| CITY-ST-ZIP | TAMARAC FL | 3.4 CITY-ST-ZIP | TAMARAC,FL. 33321 | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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)(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.

**SIGNATURE:** Rosetta Stern (Pres.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010300