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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50341** (9)

1. Corporation Name

FLORIDA ADVOCATES FOR COMMUNITY CARE FOR DISABLED ADULTS, INC.

Principal Place of Business

Mailing Address

**14041 ICOT BLVD.
CLEARWATER FL 34620**

**14041 ICOT BLVD.
CLEARWATER FL 34620**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33760 Country

28 Zip 33760 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/13/1992

4. FEI Number

59-3227640

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**BERNSTEIN, MICHAEL
14041 ICOT BLVD.
CLEARWATER FL 34620 33760**

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	DP	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, MICHAEL A.	
STREET ADDRESS	14041 ICOT BLVD.	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, JOSE	
STREET ADDRESS	5000 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	LANDRESS, HARVEY	
STREET ADDRESS	14041 ICOT BLVD	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, CHERYL	
STREET ADDRESS	3405 NORTHWEST 9TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Zip Code Change 33760	

2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Zip Code Change to 33760	

4.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smith, Diane	
4.3 STREET ADDRESS	3405 N.W. 9th Ave., Suite 1203	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shaw, Julie	
5.3 STREET ADDRESS	6200 N. Andrews	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

Michael Bernstein Michael Bernstein

3/25/98

(813) 538-7460

CP2E037 (10/97)