

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90007 049 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50341

1. Corporation Name

FLORIDA ADVOCATES FOR COMMUNITY CARE FOR DISABLED
ADULTS, INC.

Principal Place of Business

14041 ICOT BLVD.
CLEARWATER, FL 33760
US

Mailing Address

14041 ICOT BLVD.
CLEARWATER, FL 33760
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/13/1992

4. FEI Number

59-3227640

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

**6. Election Campaign Financing
Trust Fund Contribution**

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL
14041 ICOT BLVD.
CLEARWATER, FL 33760

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 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 D ☐ DELETE
NAME BERNSTEIN, MICHAEL
STREET ADDRESS 14041 ICOT BLVD.
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE V/D ☐ DELETE
NAME FOX, JOSE
STREET ADDRESS 5000 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL

TITLE S/T/D ☐ DELETE
NAME LANDRESS, HARVEY
STREET ADDRESS 14041 ICOT BLVD.
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE P/D ☐ DELETE
NAME SMITH, DIANE
STREET ADDRESS 3405 N.W. 9TH AVE., SUITE 1203
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE D ☐ DELETE
NAME SHAW, JULIE
STREET ADDRESS 6200 N. ANDREWS
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bernstein

4/28/99 (727) 538-7460

Date

Daytime Phone #

CR2E037 (11/98)