

# 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 # **N93000003664 (0)**

1. Corporation Name

**COMMUNITY REHABILITATIVE SERVICES OF FLORIDA, IN C.**



Principal Place of Business

**1020 S. LINCOLN AVENUE  
LAKELAND FL 33803-1438  
US**

Mailing Address

**P.O. BOX 925  
LAKE ALFRED FL 33850**

3. Date Incorporated or Qualified  
**08/13/1993**

3a. Date of Last Report  
**02/10/1995**

2. Principal Place of Business

**21 828 ORANGE PARK AVE**

2a. Mailing Address

**26 828 ORANGE PARK AVE**

4. FEI Number

**59-3196017**

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

City & State

**23 LAKE LAND, FL**

City & State

**28 LAKE LAND, FL**

Zip

**24 33801-5525**

Country

**25 USA**

Zip

**29 33801-5525**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**ANDERSON, WILLIAM C  
1020 S LINCOLN AVE  
LAKELAND FL 33803-1438**

10. Name and Address of New Registered Agent

**81 Name ANDERSON, WILLIAM C.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
828 ORANGE PARK AVE**

**83**

**84 City LAKE LAND**

**FL**

**85 Zip Code**

**33801-5525**

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 **William C. ANDERSON**

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 ☐ DELETE

**PD  
NAME ANDERSON, WILLIAM C  
STREET ADDRESS 1020 S LINCOLN AVE  
CITY-ST-ZIP LAKELAND FL 33803-1438**

TITLE ☐ DELETE

**VD  
NAME HARRELL, IDA  
STREET ADDRESS 15808 PENNINGTON ROAD  
CITY-ST-ZIP TAMPA FL**

TITLE ☐ DELETE

**STD  
NAME WELCH, BETTIE P  
STREET ADDRESS 5401 HWY 17-92 WEST LOT 159  
CITY-ST-ZIP HAINES CITY FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD  
NAME ANDERSON, WILLIAM C  
STREET ADDRESS 828 ORANGE PARK AVE  
CITY-ST-ZIP LAKELAND, FL 33801-5525**

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 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 on an attachment with an address.

SIGNATURE: **William C. ANDERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dr William C Anderson 5/19/96 680-1804**

Date

Daytime Phone #

CR2E037 (12/95)