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FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000004829 (8)

1. Corporation Name

FLORIDA RESIDENTIAL CAREGIVERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8689 SE 68TH AVENUE  
TRENTON FL 32693

8689 SE 68TH AVENUE  
TRENTON FL 32693-1923

3. Date Incorporated or Qualified  
10/20/1993

3a. Date of Last Report  
09/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

CASTOR, NANCY  
8689 SE 68TH AVENUE  
TRENTON FL 32693

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME CASTOR, NANCY  
STREET ADDRESS 8689 SE 68TH AVENUE  
CITY-ST-ZIP TRENTON FL 32693

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME HART, FRED  
STREET ADDRESS 719 N. MAIN STREET  
CITY-ST-ZIP WILLISTON FL 32696

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME FORAY, DEBBIE  
STREET ADDRESS RT. 1 BOX 491  
CITY-ST-ZIP LAKE BUTLER FL 32054

3.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME DEMPSEY, JO ELLEN  
STREET ADDRESS P.O. BOX 362, N/A  
CITY-ST-ZIP INTERLACHEN FL 32148

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

*Nancy Castor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11-97 352-472-3746  
Date Daytime Phone \*0011893

CR2E037 (9/96)