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 FEB 24 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000081 (9)

1. Corporation Name
FLORIDIANS FOR IMPROVED ELDERLY CARE, INC.

Principal Place of Business	Mailing Address
270 HOLLAND BUILDING 600 SOUTH CALHOUN STREET TALLAHASSEE FL 32314	POST OFFICE BOX 7441 TALLAHASSEE FL 32314-7441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3216865 ☐ 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

POOSER, NED IV
270 HOLLAND BUILDING
600 SOUTH CALHOUN STREET
TALLAHASSEE FL 32314

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 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	11 TITLE	☒ Change ☐ Addition
NAME	HENGSTEBECK, BARBARA J	12 NAME	Theresa BakerD
STREET ADDRESS	6423 BOLD VENTURE TERRACE	13 STREET ADDRESS	426 NW 2nd Ave.
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	Ocala, FL 32675
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HIGHNESS, DONNA J	22 NAME	Gwen E. SchaperD
STREET ADDRESS	1730 S.W. 42ND STREET	23 STREET ADDRESS	3457 Cedarwood Trail
CITY-ST-ZIP	OCALA FL 34474	24 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D	31 TITLE	☐ Change ☒ Addition
NAME	HILKER, MARY ANNE	32 NAME	A, E, (Ned) PooserD
STREET ADDRESS	1631 N.W. 11TH ROAD	33 STREET ADDRESS	1603 Seminole Dr.
CITY-ST-ZIP	GAINESVILLE FL 32605	34 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	600001417656
STREET ADDRESS		43 STREET ADDRESS	-02/28/95--01106--010
CITY-ST-ZIP		44 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	2/24/95 NH
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 added on an attachment with an address.

SIGNATURE: A. E. Pooser A. E. POOSER 2/24/95 (904) 488-6190
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR — Date — Daytime Phone #

097707