

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 # 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

3. Date Incorporated or Qualified
01/07/1994

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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

81 Name

Steve Rachin

82 Street Address (P.O. Box Number is Not Acceptable)

270 Holland Building

83

600 South Calhoun Street

84

Tallahassee

FL

85

Zip Code
32314

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

Steven Rachin
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
BAKER, THERESA
426 NW 2ND AVE RE TERRACE
OCALA FL 32675

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHAPER, GWEN E
3457 CEDARWOOD TRIAL
TALLAHASSEE FL 32312

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
POOSER, A.E. NED
1803 SEMINOLE DR.
TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
HILKER, MARY ANNE
1730 S.W. 42ND STREET
GAINESVILLE FL 32605

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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☐ Change ☐ Addition

☐ Change ☐ Addition

5-1-96
DAB

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Rachin

4/25/96

DATE

488-6190

DAYTIME PHONE #

CR2E037 (12/95)