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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9400000081 (9)

FLORIDIANS FOR IMPROVED ELDERLY CARE, INC.								
Principal Place of	Principal Place of Business		Mailing Address			1 44 111 50 111 50 111 50 1	** ** *** ** *	at 1819) (181 1881
270 HOLLAND E	BUILDING	POST OFFICE BOX 74						
600 SOUTH CAL		TALLAHASSEE FL 3231	4-7441		0.0	Sad 2a Do	to of Loc	Papart
TALLAHASSEE FL 32314					3. Date Incorporated or Qualif 01/07/1994		3a. Date of Last Report 02/24/1995	
2. Principal Place	o of Rusinger	2a. Mailing Address			4 CELNiumbor			Applied For
2. Principal Place	e or business	26 Yearing Accordes			59-321686	5	<u> </u>	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire			5 Additional
2		27						Required
City & State		City & State			Election Campaign Financia Trust Fund Contribution	ng 🔲	•	DO May Be ed to Fees
3 Zio	Country	28 Zip	Cou	untry	This corporation has liability	v for intangible ta		
Zip 4]	25	29	30	,	Florida Statutes	☐ Yes 🗖	No	,
-1	9. Name and Address of Cur				10. Name and Address of N	ew Registered	Agent	
				81 Name	Stowe Bachin			
POOSER.	NED IV		8		Steve Rachin Street Address (P.O. Box Number is Not Acceptable) 270 Holland Building			
·	AND BUILDING				270 Holland Buil	aing		
	TH CALHOUN STREET				600 South Calhou	n Stree	t	
	SSEE FL 32314			84 City	Tallahassee	FL	E1 85 Zip	
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		raction submits this statement for th			32314
11. Pursuant to	the provisions of Sections 617.0	1502 and 617.1508, Florida Statu Florida. Such change was authori	tes, the ab zed by the	ove named cor corporation's b	rporation submits this statement for the coard of directors. I hereby accept the	e appointment as	registere	ed agent. I am
familiar with	n, and accept the obligations of, S	Section 617.0503, Florida Statute	s.			C	ואגו	L
signature	n, and accept the doligations of, a	Section 617.0303, Florida Statute	3.		suized when reinstating)	DATE	13014	6
signatures	it, and accept the obligations of, a	agont and title if applicable (A	OTF Registere	ed Agent signature re:	guired when reinstating) ADDITIONS/CHANGES TO		130 14 DIRECT	ORS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR