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AND
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1997 APR 29 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000081 (9)**

1. Corporation Name

FLORIDIANS FOR IMPROVED ELDERLY CARE, INC.



Principal Place of Business 270 HOLLAND BUILDING 600 SOUTH CALHOUN STREET TALLAHASSEE FL 32314	Mailing Address POST OFFICE BOX 7441 TALLAHASSEE FL 32314-7441
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3. Date Incorporated or Qualified 01/07/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-3216865 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**RACHIN, STEVEN L
270 HOLLAND BUILDING
600 SOUTH CALHOUN STREET
TALLAHASSEE FL 32314**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, THERESA	1.2 NAME	400002163344--7
STREET ADDRESS	426 NW 2ND AVE. RE TERRACE	1.3 STREET ADDRESS	-05/02/97--01067--009
CITY - ST - ZIP	OCALA FL 32675	1.4 CITY - ST - ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAPER, GWEN E	2.2 NAME	Schaper, Gwen E
STREET ADDRESS	3457 CEDARWOOD TRIAL	2.3 STREET ADDRESS	600 Victory Garden Dr. Apt: H44-01
CITY - ST - ZIP	TALLAHASSEE FL 32312	2.4 CITY - ST - ZIP	Tallahassee, FL 32301
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHIN, STEVEN	3.2 NAME	
STREET ADDRESS	3037 O'BRIEN DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILKER, MARY ANNE	4.2 NAME	D Lawrence, Gila
STREET ADDRESS	1730 S.W. 42ND STREET	4.3 STREET ADDRESS	327 Salvador Dr.
CITY - ST - ZIP	GAINESVILLE FL 32605	4.4 CITY - ST - ZIP	Pt. Charlotte, FL 33983
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Steven Rachin* SIGNATURE REQUIRED *Steven Rachin* 4/29/97 (904) 488-6190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008808

CR2E037 (9/96)