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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
4. FEI Number 59-3216865
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, THERESA
STREET ADDRESS	426 NW 2ND AVE. RE TERRACE
CITY-ST-ZIP	OCALA FL 32675
TITLE	<input type="checkbox"/> DELETE
NAME	SCHAPER, GWEN E
STREET ADDRESS	600 VICTORY GARDEN DR., APT H64-01
CITY-ST-ZIP	TALLAHASSEE FL 32304
TITLE	<input type="checkbox"/> DELETE
NAME	RACHIN, STEVEN
STREET ADDRESS	3037 O'BRIEN DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE
NAME	LAWRENCE, ELLA
STREET ADDRESS	327 SALVADOR DR
CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Ellen Smith
1.3 STREET ADDRESS	1300 S. Hager Way
1.4 CITY-ST-ZIP	Orlando, FL 32822
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	6374 Verdura Way
2.3 STREET ADDRESS	32311
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	25
5.3 STREET ADDRESS	5.6
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002513132
6.3 STREET ADDRESS	-05/06/98--01051--005
6.4 CITY-ST-ZIP	***61.25

14. I 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* **STEVEN RACHIN** **488-6190**

CR2E037 (10/97)