

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90122 010 ****61.25

DOCUMENT # N94000000081

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



Principal Place of Business
**6287 BAHIA DEL MAR CIRCLE
SUITE 1301
SAINT PETERSBURG, FL 33715**

Mailing Address
**6287 BAHIA DEL MAR CIRCLE
SUITE 1301
SAINT PETERSBURG, FL 33715**

50051446



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3216865

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORMAN, EDWARD D
6287 BAHIA DEL MAR CIRCLE
SUITE 1301
SAINT PETERSBURG, FL 33715**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MURPHY, JOHN J**
STREET ADDRESS **220 GULL DRIVE SOUTH**
CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **FORMAN, EDWARD D**
STREET ADDRESS **6287 BAHIA DEL MAR CIR #1301**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **LAWRENCE, ELLA**
STREET ADDRESS **327 SALVADOR DRIVE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GEORGE, KAY**
STREET ADDRESS **3830 FLINTWOOD RD.**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWARD D FORMAN 5-6-05 727-867-7703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #