## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9400006134

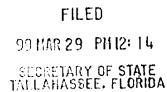
1. Corporation Name

QUALITY ALTERNATIVES FOR COMMUNITY LIVING INC.

Principal Place of Business 405 W. AMELIA AVE. TAMPA FL 33602

Mailing Address

P O BOX 310184 TAMPA FL 33680



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2. Principal Place of Business 2a. Mailing Address								3. Date Incorporated or Qualifed					
21		26	<b>⊢</b>				01/01/1995						
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.					4. FEI Number			Applied For		
22		27	27					59-3295356			Not A	pplicable	
City & State		City 8	City & State			5. Certificate of Status Desired			\$8.75 Additional Fee Required				
	Zip	Country	Zip	····	Co	untry			6. Election Campaign Financing		\$5.0	00 ма	N Ro
24		25	29		30				Trust Fund Contribution			ed to F	
9. Name and Address of Current Registered Agent				T			10. Name and Address of New I	Registered	Agent				
						81	Na	ne					
E	HNG, ME	LODY				82 Street Address (P.O. Box Number is Not Acceptable)							
		MELIA AVE.											
TAMPA FL 33602				83									
!						84	Cit	<del>,</del>			85 Z	ip Coc	le
										FL	.	•	
	Pursuant office or r agent. I a	to the provisions of Sections 617.0 egistered egent, or both, in the Sta m familiar with, and accept the obli	502 and 617.150 te of Florida. Suc gations of, Sectio	8, Florida Statut h change was a n 617.0503, Flo	les, the a authorize orida Sta	above id by t tutes.	the c	ed corpo orporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	changing ntment as	its reg regisi	pistered lered
		Signature, typed or printed name of registered a					t signat	ura required	when reinstating)	DATE			
12.		<del></del>	AND DIRECTORS		13.				ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE		D DELETE			1.1 TITLE		- (			Chang	<b>)</b> e	Addition Addition	
NAME		BING, MELODY			1.21	1.2 NAME			400002	330	-11-	1-	1
STRE	ET ADDRESS			1.3 5	1.3 STREET ADDRESS		SS	-: <u>84,7</u> 06	7990	11031-	-01	1	
	ST-Z#P	TAMPA FL 33602				1.4 C/TY-ST-ZIP 2.1 TITLE 2.2 NAME				70 <b>.</b> 00	***	4.71	Addition
TITLE		D DELETE			1					[] Chang	je i	] Addition	
NAME		MCCRAY, GRANT			4			1					
	ET ADDRESS	1460 9TH ST. SOUTH			23 STREET ADDRESS		ss						
	ST-ZIP	ST. PETERSBURG FL 33701		☐ DELETE		CITY-S	T-ZIP				F3.65		T Addison
TITLE		D CHARLES A		□ Nere ie	3.11						Chang	je i	Addition
NAME		BING, CHARLES S			3.2 NAME							:	
	ET ADDRESS	806 TUCKER ST.					ADDR	ss					
	8T-ZIP	TALLAHASSEE FL 32310		[] DELETE	3.4 C	CITY-ST	T-ZIP				Chang	···	Addition
TITLE				L' DECELE		JAME		ľ			CORR	PC	
	ET ADORESS						ADORE	99					I
	ST-20P					VTY-ST		~					
TITLE				DELETE	5.1 T		g.at				Chang	не I	Addition
NAE					52 N			ł					
	ET ADDRESS						ADDRE	ss					
	ST-ZIP					ny-st							
TITLE				DELETE	61T						Chang	je l	Addition
NAME	ŀ				6.2 N	AME		1					_
	ET ADORESS				ı		ADDRE	ss					
						TY-ST		1					$\mathcal{M}(I)$
	ST-ZIP	and that the information availant	with this files doe	a mat avalify for				tod in Se	ection 119 07/3Vi) Florida Statutes	16.46		. 1.7.	L.NY

Indicated on this annual report or supplied with unis ming does not quality 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, with all other like empowered.

SIGNATURE: