

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

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N95000001805 (9)**

1. Corporation Name

**HERITAGE COMMUNITY BASED SERVICES, INC.**



Principal Place of Business

Mailing Address

**2639 SHANNON ST  
ORANGE PARK FL 32065**

**2639 SHANNON ST  
ORANGE PARK FL 32065**

3. Date Incorporated or Qualified

**04/17/1995**

3a. Date of Last Report

**N/A**

2. Principal Place of Business

2a. Mailing Address

**21 Same**

**26 Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERRY, LARRY D  
2639 SHANNON ST  
ORANGE PARK FL 32065**

81 Name

**N/A**

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

83

84 City

**FL**

85 Zip Code

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES COPELAND, WARNER M</b>	
STREET ADDRESS	<b>960 ASPEN RIDGE CT</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALEXANDER, HATTIE</b>	
STREET ADDRESS	<b>967 COBBLESTONE DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BANKS, CRYSTAL L</b>	
STREET ADDRESS	<b>2150 SPENCER RD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERRY, LARRY D</b>	
STREET ADDRESS	<b>2639 SHANNON ST</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Paige, Roosevelt</b>	
STREET ADDRESS	<b>2666 Shannon St</b>	
CITY-ST-ZIP	<b>Orange Park FL 32065</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Cooper, Jimmie</b>	
1.3 STREET ADDRESS	<b>691 Roger Sherman St</b>	
1.4 CITY-ST-ZIP	<b>Orange Park FL 32073</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Walker, Arliss JR</b>	
2.3 STREET ADDRESS	<b>7842 Macquishway S.</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32244</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>McRae, James</b>	
3.3 STREET ADDRESS	<b>2446 Moody Rd</b>	
3.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11 Apr 96**

Date

**904-232-1090**

Daytime Phone #

CR2E037 (12/95)