

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32065-6343**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/17/1995	3a. Date of Last Report 04/16/1996
21 1738 Sesa Circle W.	25	26		4. FEI Number 59-3316723	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 Jacksonville FL		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 32210	28	29			
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 **Perry, Larry D.**
82 Street Address (P.O. Box Number is Not Acceptable)
1738 Sesa Cir. W.
83
84 City **Jacksonville, FL** 85 Zip Code **32210**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	D SINCLAIR, RAY	1.2 NAME	
STREET ADDRESS	3835 LANE AVE., SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FOUNTAIN, HERMAN	2.2 NAME	
STREET ADDRESS	7844 GREGORY DR., #7702	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BANKS, CRYSTAL L	3.2 NAME	
STREET ADDRESS	2150 SPENCER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PERRY, LARRY D	4.2 NAME	
STREET ADDRESS	2639 SHANNON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Walker, Arliss	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.

CR2E037 (9/96)