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Secretary of State

08-02-1999 90005 013 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003574

1. Corporation Name

SPAULDING'S INTAKE AND REFERRAL AGENCY INC.

Principal Place of Business

2331 N STATE ROAD 7
STE 209
LAUDERHILL FL 33301
US

Mailing Address

2880 W OAKLAND PARK BLVD SUITE 114
OAKLAND PARK FL 33311



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2331 N State Rd 7		26 2331 N. State Rd 7		07/31/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 215		27 215		65-0598953	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Lauderhill FL		28 Lauderhill Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 33313		29 33313		30 Broward	
Country		Country			
25 Broward		30 Broward			

9. Name and Address of Current Registered Agent

BURRELL, VENETA
2331 N STATE ROAD 7
STE 209
LAUDERHILL FL 33301

10. Name and Address of New Registered Agent

81 Name	VENETA Burrell
82 Street Address (P.O. Box Number is Not Acceptable)	
83	2331 N. State Rd 7
84 City	Lauderhill
85 Zip Code	FL 33313

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

V. Burrell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRELL, VENETA	1.2 NAME	
STREET ADDRESS	2331 N STATE ROAD 7 STE 209	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GERDA	2.2 NAME	
STREET ADDRESS	2331 N STATE ROAD 7 STE 209	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33301	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, DEBRA	3.2 NAME	
STREET ADDRESS	2331 N STATE ROAD 7 STE 209	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33301	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, CARL	4.2 NAME	
STREET ADDRESS	2331 N STATE ROAD 7 STE 209	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Burrell 7-28-99. 954 730-0910

Date

Daytime Phone #

CR2E037 (5/99)