

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003935 (2)

1. Corporation Name

IN HIS CARE DELIVERANCE CENTER, INC.



Principal Place of Business

Mailing Address

730 SOUTHWEST 2ND TERRACE
GAINESVILLE FL 32601

730 SOUTHWEST 2ND TERRACE
GAINESVILLE FL 32601

3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report
2-20-96

2. Principal Place of Business

2a. Mailing Address

21 529 S.W. 6 Ave

26 730 S.W. 2nd terrace

4. FEI Number

59-2211-599391642

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

23 H-Ville - Florida

28 City & State

28 H-Ville - Fla.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

24 32601

25 Country

25 USA

29 Zip

29 32601

30 Country

30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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 P
NAME LEE, EVA E
STREET ADDRESS 730 SOUTHWEST 2ND TERRACE
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ DELETE

TITLE VD
NAME FREDERICK, JOHN JR.
STREET ADDRESS 730 SOUTHWEST 2ND TERRACE
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ DELETE

TITLE SD
NAME ROUSE, WENDY
STREET ADDRESS 730 SOUTHWEST 2ND TERRACE
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ DELETE

TITLE TD
NAME DONAWAY, LILLIAN
STREET ADDRESS 730 SOUTHWEST 2ND TERRACE
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DAVID LEE SR.
2.2 NAME 730 S.W. 2ND TERRACE
2.3 STREET ADDRESS GAINESVILLE FL 32601
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

EVA E LEE

2-20-96

352-317-9224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)