


FILE NOW: FILING FEE IS \$61.25

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Apr 29 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 # **N95000003953 (5)**

1. Corporation Name

ROSEMARY'S BARRIER FREE COUNTRY INN, INC.



Principal Place of Business	Mailing Address
3315 WEST HORATIO STREET, #130 TAMPA FL 33609	3315 WEST HORATIO STREET, #130 TAMPA FL 33609-3050

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1995	3a. Date of Last Report 04/25/1996
21		26		4. FEI Number APPLIED FOR	Applied For 59-3414398
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELLIS, ROSEMARY 3315 WEST HORATIO STREET, #130 TAMPA FL 33609		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIS, ROSEMARY	1.2 NAME	John Yore
STREET ADDRESS	3315 WEST HORATIO STREET, #130	1.3 STREET ADDRESS	9201 Rivercove Drive
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	Riverview, Florida 33569
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, KAREN	2.2 NAME	Michelle Greenberg
STREET ADDRESS	POST OFFICE BOX 1289 N/A	2.3 STREET ADDRESS	5000 So. Himes Ave. #331
CITY-ST-ZIP	TAMPA FL 33601	2.4 CITY-ST-ZIP	Tampa, FL 33611
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOUNT, JEFFREY	3.2 NAME	Ron Fair
STREET ADDRESS	1200 DALE MABRY HIGHWAY, SOUTH	3.3 STREET ADDRESS	4202 Fowler Ave.
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, MARILYN	4.2 NAME	Joe Sanchez
STREET ADDRESS	550 W. HILLSBOROUGH	4.3 STREET ADDRESS	3201 Tampa Bay Blvd.
CITY-ST-ZIP	TAMPA FL 33603	4.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASADY, LISA	5.2 NAME	Linda Gadarian
STREET ADDRESS	9403 EDENTON WAY	5.3 STREET ADDRESS	216 South Occident Street
CITY-ST-ZIP	TAMPA FL 33626	5.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELPER, KIM	6.2 NAME	
STREET ADDRESS	800 KENNEDY, 2ND FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	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.

SIGNATURE: *Rosemary Ellis* *Rosemary Ellis* *April 29, 1997/913* *8:07 9:14H*

CR2E037 (9/96)