

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005619 (0)

1. Corporation Name

TAKE-A-BREAK RESPITE CARE, INC.



Principal Place of Business

**8905 POHOY AVE.
SARASOTA FL 34231**

Mailing Address

**8905 POHOY AVE.
SARASOTA FL 34231**

3. Date Incorporated or Qualified
11/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0622637

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**LEWIS, LYNN A
8905 POHOY AVE.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name

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

83

600001817176

84 City

05/13/96

01002

00185

Zip Code

*****70.00**

FL

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PTD	LEWIS, LYNN A	8905 POHOY AVE.	SARASOTA FL 34231	<input type="checkbox"/>
VSD	LEWIS, GLEN	8905 POHOY AVE.	SARASOTA FL 34231	<input type="checkbox"/>
D	HULBERT, SHEILA	4348 LOCKWOOD RIDGE RD.	SARASOTA FL 34231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Pete Marsh	4190 Drakeswood Cir.	Sarasota, FL 34232	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Roger Romano	1575 N Lockwood Ridge Rd	Sarasota, FL 34237	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Molly Burton	300 Bayside Parkway	NOKONIS, FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Barbara Kochmit	1828 Paintree Lane	Venice, FL 34293	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Jeri Maxfield	1866 Okolona	NORTH PORT, FL 34287	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, unchanged, or on an attachment with an address.

SIGNATURE:

Lynn A. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-96 (941) 966-7437

Date

Daytime Phone #

CR2E037 (12/95)