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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000005619 (0)

1. Corporation Name

TAKE-A-BREAK RESPITE CARE, INC.



Principal Place of Business

Mailing Address

8905 POHOY AVE.  
SARASOTA FL 34231

8905 POHOY AVE.  
SARASOTA FL 34231-7751

3. Date Incorporated or Qualified  
11/28/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

LEWIS, LYNN A  
8905 POHOY AVE.  
SARASOTA FL 34231

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 617.0302 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: *Lynn A. Lewis*

Signature of officer or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, LYNN A	
STREET ADDRESS	8905 POHOY AVE.	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, GLEN	
STREET ADDRESS	8905 POHOY AVE.	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HULBERT, SHEILA	
STREET ADDRESS	4348 LOCKWOOD RIDGE RD.	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSH, PETE	
STREET ADDRESS	4190 DRAKESWOOD CIR.	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROMANO, ROGER	
STREET ADDRESS	1575 N. LOCKWOOD RIDGE RD.	
CITY - ST - ZIP	NOKOMIS FL 34275	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, MOLLY	
STREET ADDRESS	300 BAYSIDE PARKWAY	
CITY - ST - ZIP	NOKOMIS FL 34275	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pete Marsh	
1.3 STREET ADDRESS	4190 DRAKESWOOD CIRCLE	
1.4 CITY - ST - ZIP	SARASOTA, FL 34232	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John W. Griffiths, III	
2.3 STREET ADDRESS	2831 Ringling Blvd - Ste 116 D	
2.4 CITY - ST - ZIP	SARASOTA	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Molly Burton	
3.3 STREET ADDRESS	300 BAYSIDE PARKWAY	
3.4 CITY - ST - ZIP	NOKOMIS, FL 34275	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeri Maxfield	
4.3 STREET ADDRESS	1866 OKOLOUA ST.	
4.4 CITY - ST - ZIP	NORTH PORT, FL 34287	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joyce Shaddock	
5.3 STREET ADDRESS	1797 E. MANASOTA BEACH RD.	
5.4 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Diana Zales	
6.3 STREET ADDRESS	1050 SPEARMAKER LANE	
6.4 CITY - ST - ZIP	SARASOTA, FL 34232	

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: *Lynn A. Lewis, Exec. Dir.* 1-8-97 (941) 966-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0082878

CR2E037 (9/96)

**TAKE-A-BREAK RESPITE CARE, INC.**  
**Board of Directors**

**Pete Marsh, President**  
4190 Drakeswood Circle  
Sarasota, Florida 34232  
(941) 377-0845

**John W. Griffis, III, Vice President**  
Ringling Professional Center  
2831 Ringling Blvd. - Ste 116 D  
Sarasota, Florida 34237  
(941) 366-4047

**Molly Burton, Treasurer**  
300 Bayside Parkway  
Nokomis, Florida 34275  
(941) 966-9303

**Jeri Maxfield, Secretary**  
1866 Okolona Street  
North Port, Florida 34287  
(941) 426-4299

**Lynn A. Lewis, Executive Director**  
8905 Pohoy Avenue  
Sarasota, Florida 34231  
(941) 966-5855

**Mrs. Joyce Shattock, Director**  
1797 E. Manasota Beach Road  
Englewood, Florida 34223  
(941) 474-6754

**Ms. Diana Zales, Director**  
1050 Speasmaker Lane  
Sarasota, Florida 34232  
(941) 371-8618

**Bill McDaniels, Director**  
4457 Garcia Avenue  
Sarasota, Florida 34233  
(941) 922-2741  
(941) 388-2741work

**Priscilla Joiner, Director**  
1638 Liscourt Drive  
Venice, Florida 34292  
(941) 485-4608