

FILE NOW: FILING FEE IS \$61.25

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**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/28/1995	
4. FEI Number 65-0622637	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
 84 City
 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: *Lynn A. Lewis* DATE: **1/5/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETE MARCH	1.2 NAME	Phil BLANKENSHIP
STREET ADDRESS	4190 DRAKESWOOD CIR.	1.3 STREET ADDRESS	8401 24th WAY
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN W. GRIFFIS, III	2.2 NAME	BILL MCDANIEL
STREET ADDRESS	2831 RINGLING VLD-STE 118D	2.3 STREET ADDRESS	4457 GARCIA AVE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLLY BURTON	3.2 NAME	ENOLA WOLFINGER
STREET ADDRESS	300 BAYSIDE PKWY	3.3 STREET ADDRESS	681 PERCHERON CIRCLE
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERI MAXFIELD	4.2 NAME	
STREET ADDRESS	1866 OKOLONA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE SHATTOCK	5.2 NAME	
STREET ADDRESS	1797 E. MANASOTA BCH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA ZALES	6.2 NAME	
STREET ADDRESS	1050 SPEAS MAKER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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.

SIGNATURE: *Lynn A. Lewis* **LYNN A. LEWIS** EXECUTIVE DIRECTOR DATE: **1/5/98** 941-9667 7437

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