

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90077 031 ****70.00

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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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/28/1995

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

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

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 ☐ DELETE

NAME **PETE MARCH**
STREET ADDRESS **4190 DRAKESWOOD CIR.**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **JOHN W. GRIFFIS, III**
STREET ADDRESS **2831 RINGLING VLD-STE 116D**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **MOLLY BURTON**
STREET ADDRESS **300 BAYSIDE PKWY**
CITY-STATE-ZIP **NOKOMIS FL**

TITLE ☐ DELETE

NAME **JERI MAXFIELD**
STREET ADDRESS **1866 OKOLONA ST.**
CITY-STATE-ZIP **NORTH PORT FL**

TITLE ☐ DELETE

NAME **JOYCE SHATTOCK**
STREET ADDRESS **1797 E. MANASOTA BCH RD.**
CITY-STATE-ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE

NAME **DIANA ZALES**
STREET ADDRESS **1050 SPEAS MAKER LANE**
CITY-STATE-ZIP **SARASOTA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/99

(941) 966-7437

CR2E037 (1/98)