

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000686 (3)**

1. Corporation Name

**KE ALOHA RESPITE HOUSE CORPORATION**



Principal Place of Business	Mailing Address
3320 SHEAF ROAD APOPKA FL 32703	3320 SHEAF ROAD APOPKA FL 32703-9002

3. Date Incorporated or Qualified <b>02/07/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 3510 Walker Road Suite, Apt. #, etc.	26 3510 Walker Road Suite, Apt. #, etc.
22 City & State 23 Apopka & Florida	27 City & State 28 Apopka & Florida
24 Zip 32703-9002	25 Country 29 Zip 32703-9002
30 Country	

4. FEI Number 59-3363943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
DICKSON, RAYMOND G 3320 SHEAF ROAD APOPKA FL 32703	

10. Name and Address of New Registered Agent	
81 Name Raymond G Dickson	
82 Street Address (P.O. Box Number is Not Acceptable) 144 Tildenville School Road	
83	
84 City Winter Garden	85 Zip Code FL 34787-3021

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	
TITLE	D JACKSON, ERIC S <input checked="" type="checkbox"/> DELETE
NAME	3320 SHEAF ROAD
STREET ADDRESS	APOPKA FL 32703
CITY-ST-ZIP	
TITLE	D DICKSON, RAYMOND G <input type="checkbox"/> DELETE
NAME	3320 SHEAF ROAD
STREET ADDRESS	APOPKA FL 32703
CITY-ST-ZIP	
TITLE	D OLES, LEON E <input checked="" type="checkbox"/> DELETE
NAME	2498 BEACH AVENUE
STREET ADDRESS	APOPKA FL 32703
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Tr/V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott A Grusell
1.3 STREET ADDRESS	144 Tildenville School Road
1.4 CITY-ST-ZIP	Winter Garden, Florida 32703-9002
2.1 TITLE	Tr/P/M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	144 Tildenville School Road
2.4 CITY-ST-ZIP	Winter Garden, Florida 32703-9002
3.1 TITLE	Tr/V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Samuel E Odom
3.3 STREET ADDRESS	519 Cathcart Avenue
3.4 CITY-ST-ZIP	Orlando, Florida 32803
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E037 (9/96)