


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005280 (0) 1. Corporation Name SOUTH FLORIDA ADULT FAMILY CARE-PROVIDERS, INC.			
Principal Place of Business 921 NW 179 TERRACE MIAMI FL 33169		Mailing Address 921 NW 179 TERRACE MIAMI FL 33169	
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
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HALL, ERNESTINE 921 NW 179 TERRACE MIAMI FL 33169		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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 1/12/98 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ERNESTINE	1.2 NAME	
STREET ADDRESS	921 NW 179 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	Sheila Waters / VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, CEBERT	2.2 NAME	10536 N.W. 32 AVE
STREET ADDRESS	921 NW 179 TERRACE	2.3 STREET ADDRESS	MIAMI, Fla 33147
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer / Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLMAN, MARIE	3.2 NAME	Tillman, Marie
STREET ADDRESS	12320 NW 18 CT.	3.3 STREET ADDRESS	12320 NW 18 ct.
CITY-ST-ZIP	MIAMI FL 33167	3.4 CITY-ST-ZIP	MIAMI FL 33169
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

Date

305-770-4604

Daytime Phone # 0000460

CR2E037 (10/97)