FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700000193

Corporation Name

SPRUCE CREEK SUPPORT SERVICE NETWORK, INC.

Principal Place of Business 34 LAZY EIGHT DRIVE DAYTONA BEACH FL 32124 Mailing Address

34 LAZY EIGHT DRIVE DAYTONA BEACH FL 32124

FILED May 04, 1999 8:00 am Secretary of State

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	Place of Business	26			01/13/1997		
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			4. FEI Number	Applied Fo	or
22		27			NOT APPLICABLE	Not Applic	cable
City & Sta	y & State City & State				5. Certificate of Status Desired	\$8.75 Addition Fee Required	
23				-			
Zip	Country Zip			У	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25	<u> </u>	30		10. Name and Address of New Registered		
	9. Name and Address of Current	Registerea Agent	81	Name	10. Italie and Address of Item Registered	- guit	
				1401110			
DAVIS, ANNE T 201 CESSNA BLVD #4 DAYTONA BEACH FL 32124				82 Street Address (P.O. Box Number is Not Acceptable)			
				'[
ı	· ·		84	City		85 Zip Code	
					FL	1	
office or	t to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	t Florida. Such change was at	utnorizea by	/ the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	ntment as registered	d d
SIGNATURE					uired when reinstating) DATE		_
12.	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ilit siğisatdı ə redi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN	12
TITLE	PD	□ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ A	Addition
NAME	BROWN, JACKIE		1.2 NAME				
	1			T ADDRESS			
STREET ADDRESS	V. 2 2. 2.4 0		1.4 CITY-	1			
CITY-ST-ZIP	DAYTONA BEACH FL 32124			31-21		☐ Change ☐ A	Addition
	TD CADOL		2.1 TITLE 2.2 NAME				
NAME OTOETT ADDRESS	ZALL, CAROL			ET ADDRESS			
STREET ADDRESS	1011 0111 0111			· · /			
CITY-ST-ZIP	DAYTONA BEACH FL 32124		2. 4 CITY-ST-ZIP			Change A	Addition
	D CONTENED COTELLE		3.2 NAME				
NAME	LINGENFELSER, ESTELLE			T ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP	DAYTONA BEACH FL 32124	☐ DELETE	4.1 TITLE	31-215	- Jane	☐ Change ☐ A	Addition
	SD MANCY		4. 2 NAME	.		- · -	
NAME	TENNSTEDT, NANCY			ET ADDRESS			
STREET ADDRESS			4.4 CITY-				
CITY-ST-ZIP_	DAYTONA BEACH FL 32124	☐ DELETE	5.1 TITLE	31-21		☐ Change ☐ A	Addition
	VD	_ 5222,6	5.2 NAME			- · -	
NAME	LOWMAN, ANN			T ADDRESS			
STREET ADDRESS			5.4 CITY-	1			
CITY-ST-ZIP	DAYTONA BEACH FL 32124	DELETE	6.1 TITLE			☐ Change ☐ A	Addition
TITLE		□ octric	6.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS	5		6.4 CITY-	· .			
CITY OT 71D	l		3 0.4 ∪ l l 1 -	⊋1- <i>Δ</i> 17″			

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:

SARATILE SO DESCLUE ED A SINATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #

CR2E037