

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000000523

1. Corporation Name

FLORENCE D. HARDWICK ALF, INC.

Principal Place of Business

308 S 30TH STREET
FT PIERCE FL 34946

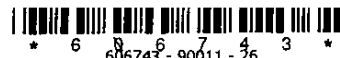
Mailing Address

308 S 30TH STREET
FT PIERCE FL 34946

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90015 045 ****70.00

08-17-1999 90011 026 *****8.75



2. Principal Place of Business 1 Suite, Apt. #, etc. 2 City & State 3 Zip Country 4		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/24/1997	
				4. FEI Number 65-0767042	
				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

DREHER, PATRICIA
308 S 30TH STREET
FT PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name	ROBERT C. HARDWICK
82 Street Address (P.O. Box Number is Not Acceptable)	3828 N. KINGS HWY
83	
84 City	FORT PIERCE
85 Zip Code	FL 34951

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 *Robert C. Hardwick* 7/21/99

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DE/ PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DREHER, PATRICIA	1.2 NAME	
STREET ADDRESS	308 S 35TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34948	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	D/vp ☐ Change ☒ Addition
NAME	DREHER, ROSS	2.2 NAME	ROBERT C. HARDWICK
STREET ADDRESS	308 S 35TH ST	2.3 STREET ADDRESS	3828 N. KINGS WHY
CITY-ST-ZIP	FT PIERCE FL 34947	2.4 CITY-ST-ZIP	FORT PIERCE FL 34951
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, DONNIE	3.2 NAME	
STREET ADDRESS	308 S 35TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34947	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)