## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1998 8:00am

Secretary of State

TI KARANGA BIBA BIRA KARIK BARKA BARKA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N97000005459 (9)

KIDS AND ADULTS FOR COMMUNITY HEALTH, INC.

|  |  |  |                           |               | !  |
|--|--|--|---------------------------|---------------|--|
| Principal Place of Business Mailing Address  |  |  |                           |               | 4 15511101 are result 10511 astu 26(1) astu 26(1) astu 26(1)     |
| 1800 SECOND ST., STE. 850<br>SARASOTA FL 34236   |  | 1800 SECOND ST., STE, 850<br>SARASOTA FL 34236 |                           |               | 3. Date Incorporated or Qualified<br>09/24/1997                  |
|  |  |  |                           |               | 4. FEI Number Applied For Not Applicable                         |
|  | lace of Business   | 2a. Mailing Address                            |                           |               | 5. Certificate of Status Desired S8.75 Additional                |
| 21   | 26   |  |                           | Fee Required  |  |
| Sulte, Apt. #, etc. Suite, Apt. #, etc.  |  |  |                           |               | 6. Election Campaign Financing \$5.00 May Be                     |
| 22   27   City & State   City & State  |  |  |                           |               | Trust Fund Contribution Added to Fees                            |
| 23   |  | 28   |                           |               | 7. Is this nonprofit corporation a homeowners association?       |
| Zip  | Country  | Zip  | Country                   |               | 8. This corporation owes or has paid the current year Intangible |
| 24   | 25   | 29 31  | 5                         |               | Personal Property Tax due June 30.  Yes No                       |
|  | 9. Name and Address of Curre   | ent Registered Agent                           |                           |               | 10. Name and Address of New Registered Agent                     |
|  |  |  | 81                        | Name          |  |
|  | , MICHAEL  |  | 82                        | Street A      | Address (P.O. Box Number is Not Acceptable)                      |
|  | ECOND ST., STE. 850  |  | 63                        |               |  |
| DERMAG   | DTA FL 34236   | 21   |                           |               |  |
|  |  |  | 84                        | City          | FL   85   Zip Code   |
| 11. Pursuant to the provisions of Sections 6174502 and 617.1508. Portide 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 Buyl Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the obligations of Section 617.0503, Florida Statutes. |  |  |                           |               |  |
| SIGNATURE Signature, lygger or printed name of registered agentend title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |  |  |                           |               |  |
| 12.  |  | ND DIRECTORS                                   | 13.                       | ill algrature | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                |
| TITLE  | D  | DELETE   | 1.1 TITLE                 | · . T         | Change Addition  |
| NAME   | BAYFIELD, BEVERLY  |  | 1.2 NAME                  |               | JOAN FRIDSHAL  |
| STREET ADDRESS   | 3255 PINE VALLEY DR.   | ,  | 1.3 STREET                | ADDRESS       | 1800 SNY 2+.   |
| CITY-ST-ZIP  | SARASOTA FL 34239  |  | 1.4 CITY-S                | T-ZIP         | SARASOTA, FL 34236 Change Addition RAYFIELD, BEVERLY B           |
| TITLE  | D  | DELETE   | 21 TITLE                  |               | Change Addition  |
| NAME   | WELCH, AMY   |  | 22 NAME                   |               | RAYFIELD, BEVERLY B  |
| STREET ADDRESS   | 3255 PINE VALLEY DR.   |  | 2.3 STREET                | ADDRESS       | 4  |
| CITY-ST-ZIP  | SARASOTA FL 34239  |  | 2. 4 CITY-5               | ST-ZIP        |  |
| TITLE  | D  | DELETE   | 3.1 TITLE                 | ]             | Change  Addition   |
| NAME   | WEST, SUE  | •  | 3.2 NAME                  | 1             |  |
| STREET ADDRESS   | 3255 PINE VALLEY DR.   |  | 3.3 STREET                | ADDRESS       |  |
| CITY-ST-ZIP  | SARASOTA FL 34239  |  | 3.4. CITY - S             | T-ZIP         |  |
| TITLE  | 3  | ☐ DELETE                                       | 4.1 TITLE                 |               | ☐ Change ☐ Addition  |
| NAME   |  |  | 4. 2 NAME                 |               |  |
| STREET ADDRESS   | il de la companya de |  | 4.3 STREET                | 1             |  |
| CITY-ST-ZIP  |  | T AVI CVI                                      | 4.4 CITY-S                | T-ZIP         | Chara Addition   |
| TITLE  |  | ☐ DELETE                                       | 5.1 TITLE                 |               | Change Addition  |
| NAME   |  |  | 5.2 NAME                  | 1000000       |  |
| STREET ADDRESS   |  |  | 5.3 STREET                | ſ             |  |
| CITY-ST-ZIP  |  | ☐ DELETE                                       | 5.4 CITY - S<br>6.1 TITLE | I - ZIP       | Change Addition  |
| TITLE  |  | - pereit                                       |                           | İ             | El Andition  |
| NAME<br>CORET ADDRESS  |  |  | 6.2 NAME                  | ADDOFÉS       |  |
| STREET ADDRESS   |  |  | 6.3 STREET                |               |  |
| CITY-ST-ZIP  |  |  | 6.4 CITY - S              | T-ZIP         | l  |

14. Thereby 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: