

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005641 (2)**

1. Corporation Name

**FOUNDATION FOR IMPROVED COMMUNITY CARE, INC.**

Principal Place of Business

Mailing Address

**324 NORTH LAKE DRIVE  
LANTANA FL 33462**

**324 NORTH LAKE DRIVE  
LANTANA FL 33462**



3. Date Incorporated or Qualified

**10/03/1997**

4. FEI Number

**65-0583380**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYAN, SEAN  
324 NORTH LAKE DRIVE  
LANTANA FL 33462**

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

*Sean Ryan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE  
NAME **LIA T. GAINES**  
STREET ADDRESS **4135 MANGONIA CRC.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ DELETE  
NAME **LUCIANO MARTINEZ**  
STREET ADDRESS **1561 FLORIDA MANGORA #303**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ DELETE  
NAME **LESLIE M. CORLEY**  
STREET ADDRESS **515 N. FLAGLER DR**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ DELETE  
NAME **ELLA KARGENIAN**  
STREET ADDRESS **1199 W. LANTANA RD**  
CITY-ST-ZIP **LANTANA, FL 33462**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ DELETE  
NAME **DAVIDA HARRIS**  
STREET ADDRESS **4400 PGA BLVD**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DIRECTOR** ☐ DELETE  
NAME **ANNA BACAS**  
STREET ADDRESS **1001 N. DIXIE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Sean Ryan*

CR25037 (10/97)