FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999___

DOCUMENT # N98000007182

1. Corporation Name

BETTER ALTERNATIVES FOR SENIOR INDEPENDENCE & CARE, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

209 S NASSAU ST. SUITE 101 VENICE FL 34285

2. Principal Place of Business

Suite, Apt. #, etc.

209 S NASSAU ST. SUITE 101 VENICE FL 34285

FILED Mar 24, 1999 8:00 am \$ secretary of State

03-24-1999 90063 009 ****61.25



3. Date Incorporated or Qualifed

12/18/1998 4. FEI Number

City & State City & State Zip Country Zip Country Zip Country Count	22 -	المراجع والمستوادي والمستوادي والمراجع والمراجع	27	.					Not	Applicable
23 28 29 20 20 30 30 30 30 30 30		ite	· 				5 0 W		\$8.75 A	dditional
Zip Country Zip Country Zip Country 6. Election Campaign Financing Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAMS, ROBERT L 209 S NASSAU ST, SUITE 101 VENICE FL 34285 82 Street Address (P.O. Box Number is Not Acceptable) 83 Virent Address of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and the first agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addit 12. NAME TAYLOR, JAMIE M 13. STREET ADDRESS STUART FL 34996 14. City FL 85 Zip Code (NOTE: Registered Agent signature required when reinstating) DATE Change Addit 12. NAME 13. STREET ADDRESS STUART FL 34996	 '		28	28			5. Certificate of Status Desired	Ш	Fee Required	
25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent WILLIAMS, ROBERT L 209 S NASSAU ST, SUITE 101 VENICE FL 34285 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D		Country		Coun	ry		6. Election Campaign Financing		\$5.00	Mav Be
9. Name and Address of Current Registered Agent ### Name ### Name ### Name ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City ### Cit	— ·				·	[Ц	-	-
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VENICE FL 34285 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D					1 Nam	е				
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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 preciver 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 alternative with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-19-99

Daytime Phone #

- CR2E037- (41/98

Applied For