

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000024688 (2)**

1. Corporation Name

**SUPPORT COORDINATORS, INC.**



Principal Place of Business

20 E. GARDEN STREET  
PENSACOLA FL 32501  
US

Mailing Address

20 E. GARDEN STREET  
PENSACOLA FL 32501  
US

2. Principal Place of Business

21 **5151 Dogwood DR**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **5151 Dogwood DR**  
Suite, Apt. #, etc.

22 City & State

23 **Milton, FL**

27 City & State

28 **Milton, FL**

24 Zip

25 **32570**

Country

25 **SANTA ROSA**

29 Zip

29 **32570**

Country

30 **Santa Rosa**

9. Name and Address of Current Registered Agent

PACE, REBECCA  
1250 BERRYHILL RD  
APT 8-I  
MILTON FL 32570

3. Date Incorporated or Qualified

**03/29/1993**

3a. Date of Last Report

**06/02/1995**

4. FEI Number

**59-3177707**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **Heuvelink, Rebecca Pace**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5797 RIVIERA DR**  
83  
84 City **Milton** **FL** 85 Zip Code **32570**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Rebecca Pace**  
Signature, typed or printed name of registered agent and date of signature

**Rebecca Pace, President**  
Signature, typed or printed name of registered agent and date of signature

**5-8-96**  
Date

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PACE, REBECCA</b>	
STREET ADDRESS	<b>2101 SCENIC HIGHWAY J208</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PACE, LAURA</b>	
STREET ADDRESS	<b>4400 PACE LANE</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Heuvelink, Rebecca Pace</b>	
1.3 STREET ADDRESS	<b>5797 RIVIERA DR.</b>	
1.4 CITY-ST-ZIP	<b>Milton, FL</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>McNew, Gayle</b>	
2.3 STREET ADDRESS	<b>6406-B Ashborough Ct</b>	
2.4 CITY-ST-ZIP	<b>Milton, FL 32570</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rebecca Heuvelink**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-6-96**  
Date

**983-0494**  
Corporate Phone #

CR2E034 (12/95)