

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

ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Secretary of State
Tallahassee, Florida
Telephone: (850) 488-3420

APPROVED
AND
FILED

JUN 10 AM 10:25

DOCUMENT # P93000071564 (7)

MARCO ISLAND ADULT FOSTER CARE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation or Proprietorship
Marco Island Adult Foster Care, Inc.

367 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

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MARCO ISLAND FL 33937

(For use if you are filing space)

3. Date of Organization or Registration 3a. Date of Last Report

10/07/1993

05/01/1994

4. EIN Number Applied For

65-0484863

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contributions

\$5.00 May Be Added to Fees

7. This corporation has liability for incomplete tax under § 109-109
Financial Institutions

10. Name and Address of New Registered Agent

HAUSLER, GARY J ESO,
601 ELKCAM CIRCLE
STE. B-3
MARCO ISLAND FL 33937

81. Name

82. Street Address (P.O. Box Number if Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of section 109-109 of the Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office, residence, agent or both in the state of Florida. Any change advised above is the corporation's request of the Board. I hereby accept this appointment as registered agent for Marco Island Adult Foster Care, Inc., as of the date indicated.

SIGNATURE

12. Name and Address of Officers and Directors

13. Address Change to Officer or Director (Check one)

NAME: D
MULLIGAN, SARA A
1004 MANATEE ROAD STE. 303
NAPLES FL 33961

Change Addition

NAME: D
MULLIGAN, L J JR.
1004 MANATEE ROAD STE. 303
NAPLES FL 33961

Change Addition

NAME:
ADDRESS:

Change Addition

NAME:
ADDRESS:

Change Addition

NAME:
ADDRESS:

Change Addition

NAME:
ADDRESS:

Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and done in good faith for the purpose as stated in Law No. 109-109 of the Florida Statute. I further certify that the information indicated on my annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report or I executed it under their direction. I declare that no other document appears in Block 12 or Block 13 of this form or in an attachment with an address.

SIGNATURE:

SARA A. MULLIGAN, Owner Pres.

5/5/95

Page 1 of 1

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