

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90070 044 ***150.00

DOCUMENT # **P96000100832**

1. Corporation Name

AURORA HOUSE, INC.



Principal Place of Business

**14355 HIGHGROVE ROAD
BROOKSVILLE FL 34609**

Mailing Address

**540 W. PRINCE ROAD
SUITE E
TUCSON AZ 85705
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1996

4. FEI Number

59-3419676

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, PAMELA S. HENL

8292 BERKELEY MANOR BLVD- 9402 SAND PINES CT

SPRING HILL FL 34606

BROOKSVILLE, FL 34613

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9402 Sand Pines Ct.

83

84 City

Brooksville,

FL

85 Zip Code

34613

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P** **JOHNSON, PAMELA S. HENL** **9402 SAND PINES CT**

STREET ADDRESS **8292 BERKELEY MANOR BLVD**

CITY-ST-ZIP **SPRING HILL FL 34606** **BROOKSVILLE, FL 34613**

TITLE ☐ DELETE

NAME **S** **LANCE, BEVERLY**

STREET ADDRESS **12402 CONDE DR**

CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ DELETE

NAME **T** **HARPER, DEBORAH**

STREET ADDRESS **13009 SADDLE WAY** **8292 BERKELEY MANOR BLVD**

CITY-ST-ZIP **BROOKSVILLE FL** **BROOKSVILLE, FL 34606**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **9402 Sand Pines Ct.**

1.4 CITY-ST-ZIP **Brooksville, FL 34613**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **LONG, DEBORAH**

3.3 STREET ADDRESS **8292 Berkeley Manor Blvd**

3.4 CITY-ST-ZIP **Spring Hill, FL 34606**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99 352-591-8379

CR2F034 (11/98)