


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 401614 1. Entity Name VISITING HOMEMAKER SERVICE OF BROWARD COUNTY, INC.	
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Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 US	Mailing Address 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 US
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DO NOT WRITE IN THIS SPACE



01202004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-1439214	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS CLAYTON, ANGELENA Y 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CROSS, CINDY S 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS THURMOND, JOAN E 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000114368
 04/15/04-80045-020 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joan E. Thurmond Date: 4-12-04 Daytime Phone #: (423)493-5868

Joan E. Thurmond, Asst Secretary