

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704372

FILED
Jan 28, 2005
Secretary of State

Entity Name: PRIMROSE CENTER, INC.

Current Principal Place of Business:

2733 S FERNCREEK AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2733 S FERNCREEK AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-0699143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN BUREN, MARY M EXEC DIR
2733 S FERNCREEK AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KING, LESLIE
Address: 1738 WESTOVER RES BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: VCD () Delete
Name: GALLOWAY, HELEN
Address: 618 ALBERTSON PLACE
City-St-Zip: ORLANDO, FL 32806

Title: SD () Delete
Name: SCOTT-EVANS, FAYE
Address: 1614 OVERLOOK RD
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: HOERTER, BOB
Address: 757 GREEN OAKS CT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GILLETT, VICKI
Address: 524 WOODVIEW DRIVE
City-St-Zip: LONGWOOD, FL 32719

Title: TD () Delete
Name: DUMM, PAUL
Address: 4262 VIXEN CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAYE SCOTT-EVANS

SD

01/28/2005

Electronic Signature of Signing Officer or Director

Date