


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 032 ****70.00

DOCUMENT # 724973					
1. Entity Name ELDER CARE SERVICES, INC.					
Principal Place of Business C/O ELMA HALEY 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304			Mailing Address C/O ELMA HALEY 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1426079				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04062006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALEY, ELMA 2518 W. TENNESSEE ST. TALLAHASSEE, FL 32304				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
10. Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALEY, ELMA		NAME		
STREET ADDRESS	2518 WEST TENNESSEE STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENESH, JAN		NAME	R. RANDY GUENPLE, CPA	
STREET ADDRESS	428 SUMMERBROOKE DRIVE		STREET ADDRESS	293 THORNBERG DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, DOTTIE		NAME		
STREET ADDRESS	2747 BLAIRSTONE CT.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, STEPHEN H		NAME		
STREET ADDRESS	3838 LONGFORD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DUANE E		NAME		
STREET ADDRESS	3106 AVON CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	C CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGERBEAM, F. THOMAS		NAME	E. RAY SOLOMON, Ph.D.	
STREET ADDRESS	2209 LINERICK DRIVE		STREET ADDRESS	3114 MIDDLEBROOKS CIRCLE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP	TALLAHASSEE, FL 32312	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <i>Duane E. Jacobs</i>		DUANE E. JACOBS		4-24-06 850-245-5926	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50017143

