

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05000004403

Entity Name: JEANS COMFORT CARE, INC.

Current Principal Place of Business:

2710 NE 59TH ST.
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

PO BOX 5663
GAINESVILLE, FL 326275663

New Mailing Address:

FEI Number: 16-1722051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, GLORIA J
2710 NE 27TH AVE
GAINESVILLE, FL 32609 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: PC () Delete
Name: JONES, GLORIA J
Address: 2710 NE 27TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VC () Delete
Name: MCINTYRE, AYANNA K
Address: 2429 NE 4TH TERR.
City-St-Zip: GAINESVILLE, FL 32609

Title: S () Delete
Name: LYNUM, ALICE
Address: 175 WAYNE J STOKES BLVD
City-St-Zip: STOCKBRIDGE, GA 30281

Title: T () Delete
Name: KELLY, MARY
Address: 5322 NW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: TAYLOR, WILLIS JR
Address: 1811 SE 39TH TERR.
City-St-Zip: GAINESVILLE, FL 32641

Title: DIR () Delete
Name: JONES, GLORIA J
Address: 2710 NE 59TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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
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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 exemption stated 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 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: GLORIA JONES

Electronic Signature of Signing Officer or Director

DIR

03/23/2009

Date