

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011214

FILED
Jan 13, 2009
Secretary of State

Entity Name: ADVENTIST CARE CENTERS - COURTLAND, INC.

Current Principal Place of Business:

730 COURTLAND ST.
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

602 COURTLAND ST., STE. 200
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-5774723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T.L.
111 N. ORLANDO AVE.
WINTER PARK, FL 32789 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: AS () Delete
Name: ADDISCOTT, LYNN
Address: 111 N. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: BLOCK, MARK L
Address: 111 N. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: AS () Delete
Name: DE PRADA, ARIEL
Address: 111 N. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: PASD () Delete
Name: FETTERS, MICHELLE
Address: 602 COURTLAND STREET - #200
City-St-Zip: ORLANDO, FL 32804

Title: AS () Delete
Name: MCMULLEN, ROBERT E
Address: 602 COURTLAND STREET - #200
City-St-Zip: ORLANDO, FL 32804

Title: AS () Delete
Name: RODMAN, DAVID
Address: 602 COURTLAND STREET - #200
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: HENDERSCHIEDT, ROBERT
Address: 111 N. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change () Addition
Name: RATHBUN, PAUL
Address: 111 N. ORLANDO AVE.
City-St-Zip: WINTER PARK, FL 32789

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

Title: PASD (X) Change () Addition
Name: GIVENS, MICHELLE
Address: 602 COURTLAND STREET - #200
City-St-Zip: ORLANDO, FL 32804

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: ARIEL DE PRADA

AS

01/13/2009

Electronic Signature of Signing Officer or Director

Date