# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# N08000007838

**Entity Name:** BLESSED EVENTS HOME BASED HOME CARE, INC.

**Current Principal Place of Business:**

606 WEST AVENUE
UNIT B
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

4077 GREYSTONE DRIVE
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number: 26-3205970** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BLESSED EVENTS MINISTRIES, INC.
4077 GREYSTONE DRIVE
CLERMONT, FL 34711 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: | COO | ( ) Delete |
| Name: | BOWER, ANN MARIE R | |
| Address: | 4077 GREYSTONE DRIVE | |
| City-St-Zip: | CLERMONT, FL 34711 US | |
| Title: | CEO | ( ) Delete |
| Name: | CARR, CLEMENT C | |
| Address: | 4077 GREYSTONE DRIVE | |
| City-St-Zip: | CLERMONT, FL 34711 US | |
| Title: | VP | ( ) Delete |
| Name: | HINDS, NEWTON A JR. | |
| Address: | 2421 CEDAR SWAMP ROAD | |
| City-St-Zip: | BROOKVILLE, NY 11545 US | |
| Title: | VP | ( ) Delete |
| Name: | TAYLOR, CAROL Y DR. | |
| Address: | 1008 SE 3RD STREET | |
| City-St-Zip: | DEERFIELD BEECH, FL 33441 US | |
| Title: | VP | ( ) Delete |
| Name: | HINDS, CHRISTINE B | |
| Address: | 30 FRIEND STREET | |
| City-St-Zip: | PORT READING, NJ 07064 US | |
| Title: | VP | ( ) Delete |
| Name: | BOWER, HARLAND L JR. | |
| Address: | 4077 GREYSTONE DRIVE | |
| City-St-Zip: | CLERMONT, FL 34711 US | |

**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 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: ANN MARIE R BOWER COO 05/01/2009

Electronic Signature of Signing Officer or Director — Date