


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90044 006 ****61.25

DOCUMENT # N98000004706					
1. Entity Name VOLUNTEERS FOR THE HOMEBOUND AND FAMILY CAREGIVERS, INC.					
Principal Place of Business 3998 FAU BLVD 307 BOCA RATON, FL 33496			Mailing Address P.O. BOX 811525 BOCA RATON, FL 33481-1505		
2. Principal Place of Business - No P.O. Box # 1515 N. Federal Hwy		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. # 214		Suite, Apt. #, etc.			
City & State Boca Raton		City & State			
Zip FL		Country USA		Zip 33432	
Country USA		Country Palm Beach		4. FEI Number 65-0866677	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SISKOWSKI, CONNIE 2021 NW 53 RD ST BOCA RATON, FL 33496			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 P NAME SISKOWSKI, CONNIE PHD STREET ADDRESS 2021 NW 53RD ST CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE D NAME PAULA ALDERSON STREET ADDRESS 500 SE MIZNER BLVD. #203A CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME RUTHERFORD, CAROLE STREET ADDRESS 8285 SEVERN DR. #C CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE D NAME CHARLES BROWN, PHD STREET ADDRESS 777 GLADES RD. #215 CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME TIFT, TOM PHD STREET ADDRESS 249 NW 10TH CT CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE D NAME GAIL EAGLE STREET ADDRESS 6622 NW 25th WAY CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME GALLAND, FRED STREET ADDRESS 6685 WOODBRIDGE DR CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE D NAME CONSUELO INESTROSA STREET ADDRESS 1800 N DIXIE HWY CITY-ST-ZIP BOCA RATON, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME PLATT, MARK STREET ADDRESS 18182 BLUE LAKE WAY CITY-ST-ZIP BOCA RATON, FL 33498	<input type="checkbox"/> Delete		TITLE D NAME CARL SCHIEFER STREET ADDRESS 2036 CONFERENCE DR. CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GOLDSTEIN, SIDNEY RABBI STREET ADDRESS 7436 CARRICK TERRACE CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE D NAME JEANIE McGUIRE STREET ADDRESS 860 SW 20th ST. CITY-ST-ZIP BOCA RATON, FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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>Connie Siskowski</i>			1/15/08		561-391-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #