

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710756

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** NEIGHBORLY CARE NETWORK, INC.

**Current Principal Place of Business:**

12425 28TH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

12425 28TH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 59-1218100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEBRA, SHADE  
12425-28TH STREET NORTH  
ST. PETERSBURG, FL 33716 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: CD  
Name: BETHELL, EVELYN  
Address: 12425-28TH STREET NORTH SUITE 200  
City-St-Zip: ST PETERSBURG, FL 33716

Title: VD  
Name: MORGAN, JAY  
Address: 12425-28TH STREET NORTH SUITE 200  
City-St-Zip: ST PETERSBURG, FL 33716

Title: SD  
Name: JACKSON, KIMBERLY  
Address: 12425-28TH STREET NORTH SUITE 200  
City-St-Zip: ST PETERSBURG, FL 33716

Title: TD  
Name: FAULKNER, GERSHOM  
Address: 12425-28TH STREET NORTH SUITE 200  
City-St-Zip: ST PETERSBURG, FL 33716

Title: M  
Name: SHADE, DEBRA  
Address: 12425-28TH STREET NORTH SUITE 200  
City-St-Zip: ST PETERSBURG, FL 33716

Title: M  
Name: SHADE, DEBRA  
Address: 12425 28TH STREET NORTH, SUITE 200  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby 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 all other like empowered.

SIGNATURE: DEBRA SHADE

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date