

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710756

FILED  
Jan 19, 2011  
Secretary of State

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

**Current Principal Place of Business:**

13945 EVERGREEN AVE.  
CLEARWRATER, FL 33762

**New Principal Place of Business:**

13945 EVERGREEN AVE.  
CLEARWATER, FL 33762

**Current Mailing Address:**

13945 EVERGREEN AVE.  
CLEARWRATER, FL 33762

**New Mailing Address:**

13945 EVERGREEN AVE.  
CLEARWATER, FL 33762

**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:**

DEBRA, SHADE  
13945 EVERGREEN AVE.  
CLEARWATER, FL 33762 US

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:

01/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: METZ, DAVID  
Address: 13945 EVERGREEN AVE.  
City-St-Zip: CLEARWATER, FL 33762

Title: SD  
Name: MORGAN, JAY  
Address: 13945 EVERGREEN AVE.  
City-St-Zip: CLEARWATER, FL 33762

Title: VD  
Name: STEPANOVSKY, TOM  
Address: 13945 EVERGREEN AVE.  
City-St-Zip: CLEARWATER, FL 33762

Title: TD  
Name: JASON, CLEMENT  
Address: 13945 EVERGREEN AVE.  
City-St-Zip: CLEARWATER, FL 33762

Title: M  
Name: SHADE, DEBRA  
Address: 13945 EVERGREEN AVE.  
City-St-Zip: CLEARWATER, FL 33762

Title: M  
Name: SHADE, DEBRA  
Address: 13945 EVERGREEN AVE.  
City-St-Zip: CLEARWRATER, FL 33762

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, PRESIDENT & CEO

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date