


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90008 004 \*\*\*\*61.25

<b>DOCUMENT # 724973</b> 1. Entity Name <b>ELDER CARE SERVICES, INC.</b>					
Principal Place of Business <b>C/O ELMA HALEY 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304</b>				Mailing Address <b>C/O ELMA HALEY 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALEY, ELMA 2518 W. TENNESSEE ST. TALLAHASSEE, FL 32304				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Delete <b>HALEY, ELMA</b> <b>2518 WEST TENNESSEE STREET</b> <b>TALLAHASSEE, FL 32304</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BENESH, JAN</b> <b>428 SUMMERBROOKE DRIVE</b> <b>TALLAHASSEE, FL 32312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>Benesh, Jan</b> <b>428 Summerbrooke Drive</b> <b>Tallahassee FL 32312</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>HINKLE, DOTTIE</b> <b>2747 BLAIRSTONE CT.</b> <b>TALLAHASSEE, FL 32301</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete <b>GRIMES, STEPHEN H</b> <b>3838 LONGFORD DRIVE</b> <b>TALLAHASSEE, FL 32308</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Grimes, Stephen H</b> <b>3838 Longford Drive</b> <b>Tallahassee FL 32308</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>JACOBS, DUANE E</b> <b>3106 AVON CIRCLE</b> <b>TALLAHASSEE, FL 32312</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>HOUSTON, SARAH E</b> <b>2404 MEXIA AVENUE</b> <b>TALLAHASSEE, FL 32304</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>C</b> <b>McMichael, James F</b> <b>2549 Tallavana Trail</b> <b>Havana FL 32333</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Elma Haley</i> <b>ELMA HALEY</b> <b>7/7/04</b> <b>850/921-5554</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT &amp; CEO Date Daytime Phone #</small>					