


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90046 023 ****70.00

DOCUMENT # 724973 1. Entity Name ELDER CARE SERVICES, INC.					
Principal Place of Business C/O ELMA HALEY 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304			Mailing Address C/O ELMA HALEY 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1426079	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>Elma Haley</i>		Elma Haley, President & CEO		March 6, 2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO HALEY, ELMA 2518 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUEMPLE, R RANDY CPA 293 THORNBURG DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINKLE, DOTTIE 2747 BLAIRSTONE CT. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, STEPHEN H 3838 LONGFORD DRIVE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Merrick, Wil Levert 3466 Zillah Street Tallahassee, FL 32305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOBS, DUANE E 3106 AVON CIRCLE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SOLOMON, E RAY PHD 3114 MIDDLEBROOKS CIR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input 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>Duane E. Jacobs</i>		Duane E. Jacobs		March 6, 2007 850-921-5554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

60028628

Additional pages for Directors/Officers
Elder Care Services, Inc. Document # 724973
2007 Not -For-Profit Corporation Annual Report

Title D
Name Arrant, Kathy
Street Address 317 Carr Lane
City St Zip Tallahassee, FL 32312

Title D
Name Baker, Syauchen C.
Street Address 3361 East Lakeshore Drive
City St Zip Tallahassee, FL 32312

Title D
Name Barnes, Wilson
Street Address 1949 Setting Sun Trail
City St Zip Tallahassee, FL 32303

Title D
Name Blair, Lisa
Street Address 265 Timberlane
City St Zip Tallahassee, FL 32308

Title D
Name Kitchen, Patti G.
Street Address 2604 Cline Street
City St Zip Tallahassee, FL 32312

Title D
Name Longerbeam, F. Thomas
Street Address 2209 Limerick Drive
City St Zip Tallahassee, FL 32309

Title D
Name McMichael, James F.
Street Address 2549 Tallavana Trail
City St Zip Havana, FL 32333

Title D
Name Moncrief, William H.
Street Address 2111 Great Oak Drive
City St Zip Tallahassee, FL 32303

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Additional pages for Directors/Officers
Elder Care Services, Inc. Document # 724973
2007 Not -For-Profit Corporation Annual Report

Title D
Name Pople, Randy
Street Address P.O. Box 1549
City St Zip Tallahassee, FL 32302

Title D
Name Powell, Errol H.
Street Address 2013 Amboise Court
-- City St Zip Tallahassee, FL 32308

Title D
Name Spears, Polly D.
Street Address 4689 Inisheer Drive
City St Zip Tallahassee, FL 32309

Title D
Name Webster, Joseph L.
Street Address 4891 Highgrove Road
City St Zip Tallahassee, FL 32308

Title D
Name Weeden, Sharon
Street Address 601 North Monroe Street
City St Zip Tallahassee, FL 32301