

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 050 ****70.00

DOCUMENT # 724973 1. Entity Name ELDER CARE SERVICES, INC.					
Principal Place of Business 600 ELMA HALEY JAMES M. CROTEAU 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304				Mailing Address 600 ELMA HALEY JAMES M. CROTEAU 2518 W TENNESSEE ST. TALLAHASSEE, FL 32304	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country				City & State 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				03112008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent HALEY, ELMA 2518 W. TENNESSEE ST. TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name JAMES M. CROTEAU Street Address (P.O. Box Number is Not Acceptable) 2518 WEST TENNESSEE STREET City TALLAHASSEE FL Zip Code 32304	
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>[Signature]</i> JAMES M. CROTEAU, PRESIDENT & CEO 3-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	CROTEAU, JAMES M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUEMPLE, R RANDY CPA 293 THORNBERG DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POPE, RANDY 217 NORTH MONROE STREET TALLAHASSEE, FL 32301	<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	GUEMPLE, R. RANDY 293 THORNBERG DRIVE TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MERRICK, WILL LEVERT 3466 ZILLAH STREET TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERRICK, WILL LEVERT 3466 ZILLAH STREET TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Change <input 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	DUANE E. JACOBS, CFO & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, E RAY PHD 3114 MIDDLEBROOKS CIR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUANE E. JACOBS, CFO & TREASURER	<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>[Signature]</i> DUANE E. JACOBS, CFO & TREASURER 3-12-08 850-921-5554 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

5000825
#724973

Additional pages for Directors/Officers
Elder Care Services, Inc. Document #724973
2008 Not-For-Profit Corporation Annual Report

Title D
Name Arrant, Kathy
Street Address 506 Carr Lane
City, St., Zip Tallahassee, Florida 32312

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

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

Title D
Name Blair, Lisa A.
Street Address 265 Timberlane
City, St., Zip Tallahassee, Florida 32308

Title D
Name Harris, Annie S.
Street Address 436 W. Georgia Street
City, St., Zip Tallahassee, Florida 32301

Title S
Name Hester, Marian
Street Address 3979 Emerald Chase Drive
City, St., Zip Tallahassee, Florida 32308

Title D
Name Korst, Ernest B., Jr.
Street Address 2732 Millstone Plantation Road
City, St., Zip Tallahassee, Florida 32312

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

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

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Title D
Name Moncrief, William H. #724973
Street Address 2111 Great Oak Drive
City, St., Zip Tallahassee, Florida 32303-4309

Additional pages for Directors/Officer
Elder Care Services, Inc. Document #724973
~~2008-Not-For-Profit-Corporation-Annual-Report~~

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

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