2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# 724973

Entity Name: ELDER CARE SERVICES, INC.

Current Principal Place of Business:

2518 W TENNESSEE ST.
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

2518 W TENNESSEE ST.
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-1426079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CROTEAU, JAMES M PCEO
2518 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304 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: PCEO
Name: CROTEAU, JAMES M
Address: 2518 WEST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: CD
Name: MAAS, ROGER
Address: 2471 DUSKY COURT
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: V
Name: HINKLE, DOTTIE
Address: 2747 BLAIRSTONE CT.
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VCSD
Name: WYLIE, F. JAMES JR.
Address: 5359 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: CFOT
Name: JACOBS, DUANE E
Address: 3106 AVON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: TD
Name: WEEDEN, SHARON
Address: 601 NORTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

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: DUANE E. JACOBS CFO 02/17/2011

Electronic Signature of Signing Officer or Director Date