

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90082 022 \*\*\*\*61.25

**DOCUMENT # 724973**

1. Entity Name

**ELDER CARE SERVICES, INC.**



Principal Place of Business

% KATHRYN ARRANT  
2518 W TENNESSEE ST.  
TALLAHASSEE FL 32304

Mailing Address

% KATHRYN ARRANT  
2518 W TENNESSEE ST.  
TALLAHASSEE FL 32304

2. Principal Place of Business

**C/O ELMA HALEY**  
Suite, Apt. #, etc.  
**2518 WEST TENNESSEE**  
City & State  
**TALLAHASSEE, FLORIDA**

3. Mailing Address

**C/O ELMA HALEY**  
Suite, Apt. #, etc.  
**2518 WEST TENNESSEE ST.**  
City & State  
**TALLAHASSEE, FLORIDA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1426079**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARRANT, KATHRYN**  
**2518 W. TENNESSEE ST.**  
**TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name **ELMA HALEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**2518 WEST TENNESSEE STREET**  
City **TALLAHASSEE** FL **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

*Elma Haley* **ELMA HALEY**

**3-18-03**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARRANT, KATHRYN</b>	
STREET ADDRESS	<b>506 CARR LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENESH, JAN</b>	
STREET ADDRESS	<b>428 SUMMERBROOKE DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARROLL, RICK</b>	
STREET ADDRESS	<b>2640 A MITCHAM DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIMES, STEPHEN H</b>	
STREET ADDRESS	<b>3838 LONGFORD DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOINS, BOB</b>	
STREET ADDRESS	<b>798 VIOLET STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOUSTON, SARAH E</b>	
STREET ADDRESS	<b>2404 MEXIA AVENUE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT/CEO</b>	
STREET ADDRESS	<b>HALEY ELMA</b>	
CITY-ST-ZIP	<b>2577 NOBLE DRIVE</b>	
	<b>TALLAHASSEE FL 32308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HINKLE DOTTIE</b>	
STREET ADDRESS	<b>2747 BLAIRSTONE CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JACOBS DUANE E</b>	
STREET ADDRESS	<b>3106 AVON CIRCLE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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.

SIGNATURE:

*Elma Haley* **ELMA HALEY** **3-18-03** **850-921-5554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR