

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 744732

1. Entity Name
PENSACOLA CARE, INCORPORATED



Principal Place of Business
2115 W. NINE MILE ROAD
SUITE 2
PENSACOLA, FL 32534

Mailing Address
2115 W. NINE MILE ROAD
SUITE 2
PENSACOLA, FL 32534

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1858912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLEMING, FLETCHER
226 S PALAFOX ST 7TH FLOOR
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000958833
09/03/08-80005-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ARMSTRONG, W.R. 11103 LITTLE CREEK LANE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WERRE, ELIZABETH M 4316 WHITELEAF COURT PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HURST, MARY J 13703 COUNTY RD., 93 NORTH LILLIAN, AL 36549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VARNER, PATRICIA N. 4609 ASHLAND WAY PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia N. Varner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2008 (850) 476-6202
Date Daytime Phone #