

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 759181

1. Entity Name
ELDERCARE, INC.



Principal Place of Business
**2765 CLYDO RD
JACKSONVILLE, FL 32207**

Mailing Address
**2765 CLYDO RD
JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2412816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIGDON, B. KENNETH
2765 CLYDO RD
JACKSONVILLE, FL 32207**

**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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	MOSIE, EDNA J
STREET ADDRESS	2765 CLYDO RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	RIGDON, B KENNETH
STREET ADDRESS	2765 CLYDO RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	SIMMONS, RENE L
STREET ADDRESS	2765 CLYDO RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000558321
05/17/06-80090-007 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

904-731-3396

Daytime Phone #