# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2009**
**Secretary of State**

DOCUMENT# 761987

**Entity Name:** QUEST @ KINGSWAY, INC.

**Current Principal Place of Business:**

501 S. KINGSWAY RD.
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

501 S. KINGSWAY RD.
SEFFNER, FL 33583

**New Mailing Address:**

**FEI Number: 59-2076962** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALLACE, TERRY L REV
501 KINGSWAY ROAD SOUTH
SEFFNER, FL 33584 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: D ( ) Delete
Name: PERMINTER, ROBERT
Address: 903 KNIGHT ST.
City-St-Zip: SEFFNER, FL 33584

Title: PD ( ) Delete
Name: WALLACE, TERRY L
Address: 531 SPORTSMAN PARK DRIVE
City-St-Zip: SEFFNER, FL

Title: D ( ) Delete
Name: NUHFER, CHRIS
Address: 2022 LORI ANN
City-St-Zip: BRANDON, FL 33510

Title: DST ( ) Delete
Name: MCRAE, HERB
Address: 1424 LAKE SHORE RANCH DR.
City-St-Zip: SEFFNER, FL 33584

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WADE, NANCY M
Address: 503 /COCOPLUM DR.
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TERRY L. WALLACE PD 04/01/2009

Electronic Signature of Signing Officer or Director — Date