

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 24, 2005**  
**Secretary of State**

DOCUMENT# 767310

**Entity Name:** FLORIDA ADULT DAY CARE ASSOCIATION, INC.**Current Principal Place of Business:**5200 NW 43RD ST  
102 PM8-310  
GAINESVILLE, FL 32606 US**New Principal Place of Business:****Current Mailing Address:**5200 NW 43RD ST #102  
PMB 310  
GAINESVILLE, FL 32606 US**New Mailing Address:****FEI Number:** 59-2283155      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DIXON, CINDY  
5877 OLD TIMUQUANA ROAD  
JACKSONVILLE, FL 32210 US**Name and Address of New Registered Agent:**DUNCAN, GWEN  
20855 NW 9TH CT  
NORTH MIAMI, FL 33169 US

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: GWEN DUNCAN

06/24/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** T ( ) Delete  
**Name:** EVANS, FAYE T  
**Address:** 9901 CISCO DR  
**City-St-Zip:** JACKSONVILLE, FL 32219**Title:** S ( ) Delete  
**Name:** DIXON, CINDY  
**Address:** 5877 OLD TIMUQUANA ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32210 US**Title:** P ( ) Delete  
**Name:** DUNCAN, GWEN  
**Address:** 20855 NW 9 COURT D  
**City-St-Zip:** MIAMI, FL 33169**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change ( ) Addition  
**Name:** HINSON-SMITH, RENEE  
**Address:** 6310 NE 19TH AVE  
**City-St-Zip:** FT. LAUDERDALE, FL 33308 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** P (X) Change ( ) Addition  
**Name:** DUNCAN, GWEN  
**Address:** 20855 NW 9 COURT  
**City-St-Zip:** NORTH MIAMI, FL 33169 US**Title:** VP ( ) Change (X) Addition  
**Name:** JENSEN, ELAINE  
**Address:** 12456 83RD WAY  
**City-St-Zip:** LARGO, FL 33773 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RENEE HINSON-SMITH

T

06/24/2005

Electronic Signature of Signing Officer or Director

Date