

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 767310

FILED  
Oct 09, 2006  
Secretary of State

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:

5200 NW 43RD ST  
102 PMB-310  
GAINESVILLE, FL 32606 US

## 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 (X)

## Name and Address of Current Registered Agent:

DUNCAN, GWEN  
20855 NW 9TH CT  
NORTH MIAMI, FL 33169 US

## Name and Address of New Registered Agent:

DUNCAN, GWEN M MS.  
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 M. DUNCAN

10/09/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: HINSON-SMITH, RENEE  
Address: 6310 NE 19TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

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  
City-St-Zip: NORTH MIAMI, FL 33169 US

Title: VP ( ) Delete  
Name: JENSEN, ELAINE  
Address: 12456 83RD WAY  
City-St-Zip: LARGO, FL 33773 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: DUNCAN, GWEN M MS.  
Address: 20855 N.W. 9TH COURT  
City-St-Zip: N. MIAMI, FL 33169 US

Title: VP (X) Change ( ) Addition  
Name: RADCLIFFE, RON  
Address: 800 NORTHPOINT PARKWAY, #101-B  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: SEC (X) Change ( ) Addition  
Name: RYERSON, CYNTHIA  
Address: 8951 BONITA BEACH ROAD  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: TRES (X) Change ( ) Addition  
Name: WAHLSTROM, LUANNE MS.  
Address: 1800 SANTA BARBARA BLVD  
City-St-Zip: NAPLES, FL 34116 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GWEN M. DUNCAN

PRES

10/09/2006

Electronic Signature of Signing Officer or Director

Date