


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 767310</b>		
1. Entity Name FLORIDA ADULT DAY CARE ASSOCIATION, INC.		
Principal Place of Business 5200 NW 43RD ST 102 PMB-310 GAINESVILLE, FL 32606 US		Mailing Address 5200 NW 43RD ST #102 PMB 310 GAINESVILLE, FL 32606 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DUNCAN, GWEN M MS. 20855 NW 9TH CT NORTH MIAMI, FL 33169		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Gwen M. Duncan</u> Gwen M. Duncan, President 1/22/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PRES	
NAME	DUNCAN, GWEN M MS.	
STREET ADDRESS	20855 N.W. 9TH COURT	
CITY-STATE-ZIP	N. MIAMI, FL 33169	
TITLE	VP	
NAME	RADCLIFFE, RON	
STREET ADDRESS	800 NORTHPOINT PARKWAY, #101-B	
CITY-STATE-ZIP	WEST PALM BEACH, FL 33407	
TITLE	SEC	
NAME	RYERSON, CYNTHIA	
STREET ADDRESS	8951 BONITA BEACH ROAD	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TRES	
NAME	WAHLSTROM, LUANNE MS.	
STREET ADDRESS	1800 SANTA BARBARA BLVD	
CITY-STATE-ZIP	NAPLES, FL 34116	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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: <u>Gwen M. Duncan</u> 1/22/07 Gwen M. Duncan, President 954-558-0627 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2283155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000604412  
01/29/07-80053-007 61.25

**DO NOT WRITE  
IN THIS SPACE**