

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767310**

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**



01182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2283155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DUNCAN, GWEN M MS.  
20855 NW 9TH CT  
NORTH MIAMI, FL 33169**

**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

**Gwen M. Duncan, President**

**1/29/2008**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRES  
DUNCAN, GWEN M MS.  
20855 N.W. 9TH COURT  
N. MIAMI, FL 33169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
RADCLIFFE, RON  
800 NORTHPOINT PARKWAY, #101-B  
WEST PALM BEACH, FL 33407**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SEC  
RYERSON, CYNTHIA  
8951 BONITA BEACH ROAD  
BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TRES  
WAHLSTROM, LUANNE MS.  
1800 SANTA BARBARA BLVD  
NAPLES, FL 34116**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000810875  
02/11/08-80004-006 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:**

**Gwen M. Duncan, President**

**1/29/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #