

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767310

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA ADULT DAY CARE ASSOCIATION, INC.

Current Principal Place of Business:

5200 NW 43RD ST
102 PMB-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:

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

Name and Address of New Registered Agent:

WAHLSTROM, LUANNE
1800 SANTA BARBARA BLVD
NAPLES, FL 34116 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: LUANNE WAHLSTROM

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NEIL, CAROL
Address: 1560 ROBERTS DRIVE
City-St-Zip: JACKSONVILLE, FL 32250 US

Title: PRES (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: MCKAY, MARYJO
Address: P.O. BOX 1110
City-St-Zip: TAMPA, FL 33601 US

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

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: LUANNE WAHLSTROM

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date