2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F05555

1. Entity Name
GOLDEN RETREAT SHELTER CARE CENTER INC.

Principal Place of Business	Mailing Address
4410 MONCRIEF ROAD W JACKSONVILLE, FL 32209-1228	4410 MONCRIEF ROAD W JACKSONVILLE, FL 32209-1228

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2006458
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH, AHDULLAH
4410 MONCRIEF RD. WEST
JACKSONVILLE, FL 32209

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 _____ 4/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	LOCKETT, OCIE G JR
STREET ADDRESS	4410 MANCRIEF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	MGRM
NAME	SHOWERS, LENORA
STREET ADDRESS	4410 MONCRIEF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	P
NAME	SHAH, ABDULLAH
STREET ADDRESS	4410 MONCRIEF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VP
NAME	SHAH, BETTY
STREET ADDRESS	4410 MONCRIEF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	S
NAME	JONES, KHALELAH
STREET ADDRESS	4410 MONCRIEF RD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000346220
04/30/05-80067-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: _____ ABDULLAH SHAH, Pres. 4/28/05 904-764-2581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #