

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05555

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** GOLDEN RETREAT SHELTER CARE CENTER INC.

**Current Principal Place of Business:**

4410 MONCRIEF ROAD W  
JACKSONVILLE, FL 322091228

**New Principal Place of Business:**

**Current Mailing Address:**

4410 MONCRIEF ROAD W  
JACKSONVILLE, FL 322091228

**New Mailing Address:**

**FEI Number:** 59-2006458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAH, ABDULLAH  
4410 MONCRIEF RD. WEST  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MGRM  
Name: SHAH, ABDULLAH  
Address: 4410 MANCRIEF RD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: P  
Name: SHAH, ABDULLAH  
Address: 4410 MONCRIEF RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP  
Name: SHAH, BETTY  
Address: 4410 MONCRIEF RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S  
Name: JONES, KHALELAH  
Address: 4410 MONCRIEF RD  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ABDULLAH SHAH

DIR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date