

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005009

FILED
Jan 14, 2004
Secretary of State**Entity Name:** MULTICARE FOUNDATION, INC.**Current Principal Place of Business:**PO BOX 430 177
BIG PINE KEY, FL 330430177**New Principal Place of Business:****Current Mailing Address:**PO BOX 430 177
BIG PINE KEY, FL 330430177**New Mailing Address:****FEI Number:** 52-1672861**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KRETSCHMAR, JUANITA
30620 19TH ST
BIG PINE KEY, FL 33043 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: PD () Delete
Name: KRETSCHMAR, MERLIN
Address: #3 19TH ST. PINE KEY ACRES, LOT AQ
City-St-Zip: BIG PINE KEY, FL 330430177

Title: VTSD () Delete
Name: KRETSCHMAR, JUANITA
Address: P.O BOX 430177
City-St-Zip: BIG PINE KEY, FL

Title: D () Delete
Name: VANDEN HOVEN, PIETER
Address: 1160 CRESTMONT
City-St-Zip: ANGWIN, CA 94508

Title: D () Delete
Name: OBED, GRAHAM
Address: 41339 EMERALDE ISLAND RD
City-St-Zip: LEESBERG, FL

Title: D () Delete
Name: WHITE, STEVE
Address: 1517 WEST SW LOOP 323
City-St-Zip: TYLER, TX 75701

Title: D () Delete
Name: PAULSON-LAUDA, MARY
Address: 3950 N. SHASTA LOOP
City-St-Zip: EUGENE, OR 97405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SMITH, RICHARD
Address: P O BOX 15
City-St-Zip: MALO, WA 99150 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUANITA KRETSCHMAR

VTSD

01/14/2004

Electronic Signature of Signing Officer or Director

Date