

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005009

FILED
Mar 15, 2009
Secretary of State

Entity Name: MULTICARE FOUNDATION, INC.

Current Principal Place of Business:

30620 19TH ST
BIG PINE KEY, FL 330430177

New Principal Place of Business:

Current Mailing Address:

PO BOX 430177
BIG PINE KEY, FL 330430177

New Mailing Address:

FEI Number: 52-1672861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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, JUANITA
Address: 30620 19TH ST.
City-St-Zip: BIG PINE KEY, FL 330430177 US

Title: VTSD () Delete
Name: HALLERON, JUDITH
Address: P.O BOX 430177
City-St-Zip: BIG PINE KEY, FL 330430177

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

Title: D () Delete
Name: OBED, GRAHAM
Address: 41339 EMERALDE ISLAND RD
City-St-Zip: LEESBERG, FL 34788

Title: D () Delete
Name: WHITE, STEVE
Address: 13096 SWAN LAKE RD CR 468
City-St-Zip: TYLER, TX 75704

Title: D () Delete
Name: PAULSON-LAUDA, MARY
Address: 8330 CASON RD APT 107
City-St-Zip: GLADSTONE, OR 97027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: JUDITH HALLERON

VTSD

03/15/2009

Electronic Signature of Signing Officer or Director

Date