

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000394

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: JACHIN HOME HEALTH AND CONSULTING AGENCY, INC.

## Current Principal Place of Business:

15321 SOUTH DIXIE HWY  
311  
MIAMI, FL 33157

## New Principal Place of Business:

8935 SW 163 TERRACE  
VILLAGE OF PALMETTO BAY, FL 33157

## Current Mailing Address:

15321 SOUTH DIXIE HWY  
311  
VILLAGE OF PALMETTO BAY, FL 33157

## New Mailing Address:

8935 SW 163 TERRACE  
311  
VILLAGE OF PALMETTO BAY, FL 33157

FEI Number: 65-1008821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAYLOR-DUNCAN, MARILYN  
8935 S.W. 163RD TERR.  
VILLAGE OF PALMETTO BAY, FL 33157 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: D ( ) Delete  
Name: DUNCAN, THEA  
Address: 8935 SW 163 TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete  
Name: DUNCAN, ERROL  
Address: 8935 SW 163 TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: TAYLOR-DUNCAN, MARILYN  
Address: 8935 SW 163 TERRACE  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARILYN TAYLOR-DUNCAN

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date