

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004380

FILED
Jul 22, 2008
Secretary of State

Entity Name: HOME REHABILITATION AND DEVELOPMENT, INC.

Current Principal Place of Business:

850 CANTON CIRCLE
APT 54
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

850 CANTON CIRCLE
APT 54
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3658426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOFF, WILLIAM C
850 CANTON CIRCLE
APT. 54
TALLAHASSEE, FL 32301 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: DC () Delete
Name: MITCHELL, M. MIAISHA
Address: 2940 GRADY ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: INMAN-JOHNSON, DOROTHY
Address: P.O. DRAWER 1775
City-St-Zip: TALLAHASSEE, FL 32302

Title: DT () Delete
Name: TRAPANE, TOM
Address: 3213 BIG OAK ST.
City-St-Zip: TALLAHASSEE, FL 32311

Title: M () Delete
Name: GOFF, WILLIAM C
Address: 2411 FORMOSA DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: ISAACS, DAN
Address: 431 WAVERLY RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: INMAN-JOHNSON, DOROTHY
Address: P.O. DRAWER 1775
City-St-Zip: TALLAHASSEE, FL 32302

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

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

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

Title: D () Change (X) Addition
Name: MAYFIELD, EMORY
Address: CAPITAL CITY BANK
City-St-Zip: TALLAHASSEE, FL 32308

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: WILLIAM C. GOFF

CEO

07/22/2008

Electronic Signature of Signing Officer or Director

_____ Date