

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004380

FILED  
May 15, 2009  
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: DP      ( ) 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: D      ( ) Delete  
Name: MAYFIELD, EMORY  
Address: CAPITAL CITY BANK  
City-St-Zip: TALLAHASSEE, FL 32308

**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:

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: WILLIAM C. GOFF

CEO

05/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date