

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005211

FILED
Mar 19, 2009
Secretary of State

Entity Name: SAFE AND SECURE RESPITE CARE, INC.

Current Principal Place of Business:

3215 E JAMES LEE BLVD
CRESTVIEW, FL 32539

New Principal Place of Business:

3091 SKYLINE DRIVE
CRESTVIEW, FL 32539

Current Mailing Address:

3215 E JAMES LEE BLVD
CRESTVIEW, FL 32539

New Mailing Address:

3091 SKYLINE DRIVE
CRESTVIEW, FL 32539

FEI Number: 59-3700725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINGLE, DONIVON C ESQ.
537 STAHLRAN AVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

TINGLE, DONIVON C ESQ.
537 STAHLMAN AVE
DESTIN, FL 32541 US

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

03/19/2009

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TINGLE, SANDRA A
Address: 3215 E JAMES LEE BLVD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TINGLE, SANDRA A
Address: 3091 SKYLINE DRIVE
City-St-Zip: CRESTVIEW, FL 32539 US

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: SANDRA A. TINGLE, MSW, MA

OWNE

03/19/2009

Electronic Signature of Signing Officer or Director

Date