2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

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Entity Name: SAFE AND SECURE RESPITE CARE, INC.

Current Principal Place of Business:

3091 SKYLINE DRIVE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

3091 SKYLINE DRIVE
CRESTVIEW, FL 32539

New Mailing Address:

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 STAHLMAN AVE
DESTIN, FL 32541 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
Name: TINGLE, SANDRA A
Address: 3091 SKYLINE DRIVE
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D
Name: CREEHAN, MARY B
Address: 3091 SKYLINE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D
Name: RIGGI, BENJAMIN
Address: 3091 SKYLINE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D
Name: SNOW, PATTI
Address: 3091 SKYLINE DRIVE
City-St-Zip: CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

SIGNATURE: SANDRA A. TINGLE D 04/06/2010

Electronic Signature of Signing Officer or Director — Date