

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005595

FILED
Jan 05, 2005
Secretary of State

Entity Name: K.B. ALDERMAN GROUP HOME, INC.

Current Principal Place of Business:

5800 SW 198 TERR
SW RANCHES, FL 33332

New Principal Place of Business:

Current Mailing Address:

5800 SW 198 TERR
SW RANCHES, FL 33332

New Mailing Address:

FEI Number: 65-1033813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALDERMAN, KARL B
5800 SW 198 TERR
SW RANCHES, FL 33332 US

Name and Address of New Registered Agent:

ALDERMAN, ELIZABETH L
5800 SW 198 TERR
SW RANCHES, FL 33332 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: ELIZABETH L. ALDERMAN

01/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALDERMAN, KARL B
Address: 5800 SW 198 TERR
City-St-Zip: SW RANCHES, FL 33332

Title: VP (X) Delete
Name: ALDERMAN, ELIZABETH
Address: 5100 SW 198TH TERRACE
City-St-Zip: SW RANCHES, FL 33332

Title: D () Delete
Name: CLAWSON, PAULINE
Address: 321 STARLAKE DRIVE
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: ALDERMAN, BLAINNIE
Address: 10700 SW 29 PL
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALDERMAN, ELIZABETH L
Address: 5800 SW 198 TERR
City-St-Zip: SW RANCHES, FL 33332

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 for the exemption stated in Section 119.07(3)(i), 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: ELIZABETH L. ALDERMAN

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date