2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000220

FILED Apr 26, 2010 Secretary of State

Entity Name: STANLEY MINISTRIES FOR THE DISABLED AND ELDERLY, INC.

Current Principal Place of Business: New Principal Place of Business:

1129 ARCO DR

JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

4108 OLD MILL COVE TR E JACKSONVILLE, FL 32277

FEI Number: 59-3425440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STANLEY, SHIRLEY F 4108 OLD MILL COVE TR E JACKSONVILLE, FL 32277 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 Date

OFFICERS AND DIRECTORS:

Title: F

Name: STANLEY, SHIRLEY
Address: 4108 OLD MILL COVE TR E
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP

Name: STANLEY, SHERMAN E
Address: 10265 SECRET HARBOR CT
City-St-Zip: JACKSONVILLE, FL 32256

Title: T

Name: STANLEY, KIMBERLY S Address: 10265 SECRET HARBOR CT City-St-Zip: JACKSONVILLE, FL 32256

Title: 5

Name: STANLEY, CHERI M Address: 4108 OLD MILL COVE TR E City-St-Zip: JACKSONVILLE, FL 32277

Title: BM

 Name:
 SIMONIC, NICK CPA

 Address:
 9950 CHELSEY LAKE RD

 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: BM

 Name:
 BUCHANAN, BECKY

 Address:
 10786 NW 94TH MANOR

 City-St-Zip:
 CORAL SPRINGS, FL 33071

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: SHIRLEY F. STANLEY PRES 04/26/2010