2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

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

Current Principal Place of Business:

1129 ARCO DR
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

4108 OLD MILL COVE TR E
JACKSONVILLE, FL 32277

New Mailing Address:

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

Name and Address of Current Registered Agent:

STANLEY, SHIRLEY F
4108 OLD MILL COVE TR E
JACKSONVILLE, FL 32277 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: P
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: S
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 OFFI 03/16/2011

Electronic Signature of Signing Officer or Director — Date