## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002141

FILED Apr 24, 2009 Secretary of State

Entity Name: MEADOW PARK INDEPENDENT LIVING, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1845 18TH STREET SARASOTA, FL 34234 **Current Mailing Address: New Mailing Address: 1845 18TH STREET** 1845 18TH STREET SARASOTA, FL 34234 SARASOTA, FL 34234 FEI Number: 65-1095074 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BUMBRAY, GEORGE BUMBRAY, GEORGE 1845 18TH ST. 2744 20TH ST. SARASOTA, FL 34234 SARASOTA, FL 34234 US 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: GEORGE BUMBRAY 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete BUMBRAY, GEORGE Name: Name: 2744 20TH ST. Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: Title: () Delete Title: () Change () Addition ATKINS, GWENDOLYN Name: Name: Address: 2145 N. TUTTLE AVE Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DANNIE, BROWN Name: BROWN, DANNIE Name: Address: P. O. BOX 2297 Address: P. O. BOX 2297 City-St-Zip: SARASOTA, FL 34230 City-St-Zip: SARASOTA, FL 34230 Title: ( ) Delete Title: (X) Change ( ) Addition Name: WALTER, BROWN Name: COON, NATHAN 1999 RINGLING BLVD. Address: P.O. BOX 2297 Address: City-St-Zip: SARASOTA, FL 34230 City-St-Zip: SARASOTA, FL 24236 Title: DS/T () Delete Title: () Change () Addition BROWN, JAMES Name: Name: 2439 WALKER CIRCLE Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition PHILLIPS, ALBERT Name: Name: Address: Address: 1707 TARPON AVE SARASOTA, FL 34234 City-St-Zip: City-St-Zip:

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: GEORGE BUMBRAY DP 04/24/2009