

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 03, 2009
Secretary of State

DOCUMENT# N01000003430

Entity Name: THE PLACE OF COMFORT, INCORPORATED**Current Principal Place of Business:**947 LONGDALE AVE.
LONGWOOD, FL 32750 US**New Principal Place of Business:****Current Mailing Address:**947 LONGDALE AVE.
LONGWOOD, FL 32750 US**New Mailing Address:****FEI Number:** 59-3712997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JAEGER, KAREN J MRS
524 ESTATES PLACE
LONGWOOD, FL 32779 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:** PD () Delete
Name: DAUGHERTY, CATHIE
Address: 408 APRICOT DRIVE
City-St-Zip: OCOEE, FL 32761 US**Title:** VD () Delete
Name: HENKHAUS, BARBARA
Address: 939 LONGDALE AVE
City-St-Zip: LONGWOOD, FL 32750 US**Title:** S () Delete
Name: LAUDAT, KIM
Address: 945 LONGDALE AVE
City-St-Zip: LONGWOOD, FL 32750 US**Title:** T () Delete
Name: MACGILLIVRAY, ROXANE
Address: 330 PINEWILD CT.
City-St-Zip: ORLANDO, FL 32828 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: HALL, BRANDON
Address: 125 WEKIVA SPRINGS RD
City-St-Zip: LONGWOOD, FL 32779 US**Title:** VP (X) Change () Addition
Name: HENKHAUS, BARBARA
Address: 555 SHEPERD RD.
City-St-Zip: LONGWOOD, FL 32750 US**Title:** S/T (X) Change () Addition
Name: LAUDAT, KIM
Address: 945 LONGDALE AVENUE
City-St-Zip: LONGWOOD, FL 32750 US**Title:** N/A (X) Change () Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A**Title:** N/A () Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A**Title:** N/A () Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

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: KIM LAUDAT

S/T

07/03/2009

Electronic Signature of Signing Officer or Director

Date