

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007204

FILED
Apr 14, 2009
Secretary of State

Entity Name: VITAL CARE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1209 EDGEWATER DR., STE. 101
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1209 EDGEWATER DR., STE. 101
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3756797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISSINGER, STEVEN G CPA
1209 EDGEWATER DR., STE. 101
ORLANDO, FL 32804 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 () Delete
Name: KENNEDY, WILLIAM P
Address: 4121 SW 34 ST
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: KENNEDY, ASHLEY
Address: 414 FOREST ST
City-St-Zip: WINDERMERE, FL 34786

Title: V () Delete
Name: MCGOWAN, COURTNEY
Address: 19432 FOGGY BOTTOM RD
City-St-Zip: BLUEMONT, VA 20135

Title: T () Delete
Name: BISSINGER, STEVEN G
Address: 1209 EDGEWATER DR., STE. 101
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: STEVEN G BISSINGER

TR

04/14/2009

Electronic Signature of Signing Officer or Director

Date