

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# N02000004139

Entity Name: NORTH RIVER CARE, INC.

Current Principal Place of Business:

513 49 STREET E
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

513 49 STREET E
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 01-0713126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, THOMAS W
1206 MANATEE AVE W
BRADENTON, FL 34205 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: D () Delete
Name: MCFARLAND, PAMELA
Address: 6505 WOOD POND DR
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: BOBBITT, IRV
Address: P O BOX 1511RD E
City-St-Zip: ANNA MARIE, FL 34216

Title: D () Delete
Name: SLAUGHTER, HUDSON
Address: 823 LEFFINGWEL AVE
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: PRITCHETT, LARRY
Address: 415 49 STREET E
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: TEACHEY, LYNN
Address: 905 24TH AVE. W.
City-St-Zip: PALMETTO, FL 34221

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDY A WALKER

T

02/15/2005

Electronic Signature of Signing Officer or Director

Date