

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2008
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: 103 79TH STREET NW
City-St-Zip: BRADENTON, FL 34209

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

Title: O () Delete
Name: WALKER, JUDY A
Address: 456 40 COURT W
City-St-Zip: PALMETTO, FL 34221 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: MCFARLAND, PAMELA
Address: 6505 WOOD POND DR
City-St-Zip: BRADENTON, FL 34202

Title: D (X) Change () Addition
Name: GILES, TERI
Address: 513 49TH ST. E.
City-St-Zip: PALMETTO, FL 34221

Title: O (X) Change () Addition
Name: PRITCHETT, LARRY
Address: 415 49 STREET E
City-St-Zip: PALMETTO, FL 34221

Title: O (X) Change () Addition
Name: KELLER, MIKE
Address: 3604 70TH ST. E.
City-St-Zip: PALMETTO, FL 34221 US

Title: O () Change (X) Addition
Name: RIPLEY, LINDA
Address: 4711 PINNACLE DR.
City-St-Zip: BRADENTON, FL 34208

Title: D () Change (X) Addition
Name: BOBBITT, IRV
Address: 103 79TH STREET NW
City-St-Zip: BRADENTON, FL 34209

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: TERI GILES

D

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date