

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 23, 2009  
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: O ( ) Delete  
Name: MCFARLAND, PAMELA  
Address: 6505 WOOD POND DR  
City-St-Zip: BRADENTON, FL 34202

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

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

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

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

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

**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:

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: TERI GILES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS.

03/23/2009

\_\_\_\_\_  
Date