

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004139

FILED
Apr 20, 2010
Secretary of State

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: MRS
Name: PROFANT, SUSAN
Address: PO BOX 20353
City-St-Zip: BRADENTON, FL 34204

Title: MR
Name: DURDEN, TIMOTHY
Address: PO BOX 1268
City-St-Zip: PALMETTO, FL 34220

Title: MRS
Name: ADAMS, GAIL
Address: 1650 17TH ST W
City-St-Zip: PALMETTO, FL 34221

Title: MR
Name: GAY, JIM
Address: 6824 283RD ST E
City-St-Zip: MYAKKA, FL 34251 US

Title: MR
Name: BOBBITT, IRV
Address: 103 79TH ST NW
City-St-Zip: BRADENTON, FL 34209

Title: MRS
Name: DODSON, DELFINA
Address: 6241 136TH TERR E
City-St-Zip: PARRISH, FL 34219

I hereby 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 all other like empowered.

SIGNATURE: SUSAN D PROFANT, BOARD CHAIR

MRS

04/20/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date