2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N03000003769

Entity Name: SOUTH FLORIDA CARES CORPORATION

Current Principal Place of Business:

POSTOFFICEBX 970544
COCONUT CREEK, FL 330970544 US

New Principal Place of Business:

Current Mailing Address:

POB 970544
COCONUT CREEK, FL 330970544 US

New Mailing Address:

FEI Number: 56-2424262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW CENTER OF THE GREATER PALM BEACHES, PA
2790 NORTH MILITARY TRAIL
SUITE 6
WEST PALM BEACH, FL 33409 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: PD ( ) Delete
Name: VOCI, TINA
Address: POB 970544
City-St-Zip: COCONUT CREEK, FL 330970544 US

Title: VP ( ) Delete
Name: HENDERSON, JOHN
Address: 3534 NW 99 AVE, #43
City-St-Zip: SUNRISE, FL 33351 US

Title: T ( ) Delete
Name: STEWART, KATHY
Address: 514 NE 19 ST.
City-St-Zip: WILTON MANORS, FL 33305 US

Title: D ( ) Delete
Name: HUNSICKER, DARLA
Address: 23 BETHESDA PARK CIR.
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: TD ( ) Delete
Name: ROOP, DUANE
Address: 180 YACHT CLUB WAY, #308
City-St-Zip: HYPOLUXO, FL 33462 US

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 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: TINA VOCI PD 05/04/2009
Electronic Signature of Signing Officer or Director — Date