2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004
Secretary of State

DOCUMENT# N03000008316

Entity Name: ELIZABETH HILL CARE MANAGEMENT INC.

Current Principal Place of Business:

PO BOX 2316
PLANT CITY, FL 33564

New Principal Place of Business:

Current Mailing Address:

4721 HORTON ROAD
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 86-1077205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, RONALD L SR.
4721 HORTON ROAD
PLANT CITY, FL 33567 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:	ED	( ) Delete
Name:	HILL, ELIZABETH F	
Address:	4721 HORTON ROAD	
City-St-Zip:	PLANT CITY, FL 33567 US	
Title:	D	( ) Delete
Name:	FOWLER, JUDY C	
Address:	2338 MELROSE AVENUE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33712 US	
Title:	VP	( ) Delete
Name:	COLLINS, MAJOR E	
Address:	4723 HORTON ROAD	
City-St-Zip:	PLANT CITY, FL 33567 US	
Title:	D	( ) Delete
Name:	COLLINS, MELISA C	
Address:	4723 HORTON ROAD	
City-St-Zip:	PLANT CITY, FL 33567 US	
Title:	D	( ) Delete
Name:	HILL, RONALD L JR.	
Address:	4723 HORTON ROAD	
City-St-Zip:	PLANT CITY, FL 33567 US	
Title:	IC	( ) Delete
Name:	HILL, RONALD L SR.	
Address:	4721 HORTON ROAD	
City-St-Zip:	PLANT CITY, FL 33567 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:	
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 C. FOWLER PRES 02/10/2004

Electronic Signature of Signing Officer or Director — Date