

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-16-2004 90034 043 ****61.25

DOCUMENT # N03000009021 1. Entity Name MOTHER'S CARE HOME FOR CHILDREN, INC.																																									
Principal Place of Business 5735 W GULF TO LAKE HWY. CRYSTAL RIVER FL 34429			Mailing Address P O BOX 513 CRYSTAL RIVER FL 34423																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip		Country		Zip																																					
Country		Country		4. FEI Number 20-0313013																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																					
6. Name and Address of Current Registered Agent HART, RICHARD R JR CRYSTAL RIVER FL 34429				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
8. 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. I am familiar with, and accept the obligations of registered agent.																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																					
		Make Check Payable to Florida Department of State																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> D SMITH, REBECCA 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 </td> <td style="width: 20%; text-align: right; font-size: small;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> D SMITH, RICHARD 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 </td> <td></td> <td style="text-align: right; font-size: small;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> D GRIFFIN, RUSSELL 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 </td> <td></td> <td style="text-align: right; font-size: small;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> D GRIFFIN, CYNTHIA 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 </td> <td></td> <td style="text-align: right; font-size: small;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> D HART, RICHARD 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 </td> <td></td> <td style="text-align: right; font-size: small;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> D DIESING, ELAINE 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429 </td> <td></td> <td style="text-align: right; font-size: small;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td></td><td></td><td style="text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td></td><td></td><td style="text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td></td><td></td><td style="text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td></td><td></td><td style="text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td></td><td></td><td style="text-align: right; font-size: small;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, REBECCA 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete	D SMITH, RICHARD 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429		<input type="checkbox"/> Delete	D GRIFFIN, RUSSELL 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429		<input type="checkbox"/> Delete	D GRIFFIN, CYNTHIA 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429		<input type="checkbox"/> Delete	D HART, RICHARD 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429		<input type="checkbox"/> Delete	D DIESING, ELAINE 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.																																									
SIGNATURE:				Date 3-11-04 Daytime Phone # 352-795-2594																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																									