


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009021</b>	
1. Entity Name <b>MOTHER'S CARE HOME FOR CHILDREN, INC.</b>	

Principal Place of Business <b>5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>	Mailing Address <b>P O BOX 513 CRYSTAL RIVER FL 34423</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>20-0313013</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HART, RICHARD R JR CRYSTAL RIVER FL 34429</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>SMITH, REBECCA 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>UN0000237730 02/21/05-80067-021 61.25</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>SMITH, RICHARD 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>GRIFFIN, RUSSELL 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>GRIFFIN, CYNTHIA 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>HART, RICHARD 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete <b>DIESING, ELAINE 5735 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

**SIGNATURE:** *Richard R Hart* *Richard R Hart* **2-17-2005** **352-795-2594**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #