


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90014 011 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N03000009021</b>   |         |  |         |
| 1. Entity Name<br><b>MOTHER'S CARE HOME FOR CHILDREN, INC.</b>                           |         |   |         |
| Principal Place of Business<br><b>5735 W GULF TO LAKE HWY<br/>CRYSTAL RIVER FL 34429</b> |         | Mailing Address<br><b>P O BOX 513<br/>CRYSTAL RIVER FL 34423</b>                  |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E037 (10/05)

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

|   |  |   |                          |
|---|--|---|--------------------------|
| 6. Name and Address of Current Registered Agent<br><b>HART, RICHARD R JR<br/>CRYSTAL RIVER FL 34429</b> |  | 7. Name and Address of New Registered Agent                                       |                          |
|   |  | Name<br><b>Elaine M. Diesing</b>  |                          |
|   |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>5181 El Paso Terrace</b> |                          |
|   |  | <b>Beverly Hills</b>  |                          |
|   |  | City<br><b>Beverly Hills, FloridaFL</b>   | Zip Code<br><b>34465</b> |

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 Elaine M. Diesing *Elaine M. Diesing* 3-2-06  
Signature: typist or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</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<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|--|--|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SMITH, REBECCA</b><br><b>5735 W GULF TO LAKE HWY</b><br><b>CRYSTAL RIVER FL 34429</b>   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Julie Williams</b><br><b>455 E Katie Street</b><br><b>Hernando, Florida 34442</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SMITH, RICHARD</b><br><b>5735 W GULF TO LAKE HWY</b><br><b>CRYSTAL RIVER FL 34429</b>   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GRIFFIN, RUSSELL</b><br><b>5735 W GULF TO LAKE HWY</b><br><b>CRYSTAL RIVER FL 34429</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GRIFFIN, CYNTHIA</b><br><b>5735 W GULF TO LAKE HWY</b><br><b>CRYSTAL RIVER FL 34429</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HART, RICHARD</b><br><b>5735 W GULF TO LAKE HWY</b><br><b>CRYSTAL RIVER FL 34429</b>    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DIESING, ELAINE</b><br><b>5735 W GULF TO LAKE HWY</b><br><b>CRYSTAL RIVER FL 34429</b>  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 119, 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: *Elaine M. Diesing* 3-9-06 352-795-2594