

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009021

FILED
May 26, 2009
Secretary of State

Entity Name: MOTHER'S CARE HOME FOR CHILDREN, INC.

Current Principal Place of Business:

5735 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

P O BOX 513
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 20-0313013 **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:

Name and Address of New Registered Agent:

DIESING, ELAINE M
5181 EL PASO TERRACE
34465
CRYSTAL RIVER, FL 34429 US

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: D () Delete
Name: SMITH, REBECCA
Address: 5735 W GULF TO LAKE HWY
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: SMITH, RICHARD
Address: 5735 W GULF TO LAKE HWY
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: WILLIAMS, JULIE
Address: 455 E KATIE ST
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: GRIFFIN, CYNTHIA
Address: 5735 W GULF TO LAKE HWY
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: DIESING, ELAINE
Address: 5735 W GULF TO LAKE HWY
City-St-Zip: CRYSTAL RIVER, FL 34429

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: RICHARD SMITH

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date