2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009021

FILED Jul 26, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5735 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429

Current Mailing Address: New Mailing Address:

P O BOX 513 CRYSTAL RIVER, FL 34423

FEI Number: 20-0313013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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
DIESING, ELAINE M
5735 W GULF TO LAKE HWY
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: 07/26/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

Name: SMITH, REBECCA

Address: 5735 W GULF TO LAKE HWY City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D

Name: SMITH, RICHARD

Address: 5735 W GULF TO LAKE HWY City-St-Zip: CRYSTAL RIVER, FL 34429

Title:

Name: WILLIAMS, JULIE

Address: 5735 W GULF TO LAKE HWY City-St-Zip: CRYSTAL RIVER, FL 34429

Title: [

Name: GRIFFIN, CYNTHIA

Address: 5735 W GULF TO LAKE HWY City-St-Zip: CRYSTAL RIVER, FL 34429

Title:

Name: DIESING, ELAINE

Address: 5735 W GULF TO LAKE HWY City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby 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 all other like empowered.

SIGNATURE: RICHARD SMITH D 07/26/2011