


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90065 048 ****61.25

DOCUMENT # N03000010379					
1. Entity Name THE NATIONAL FOUNDATION FOR SELF-DIRECTED CARE, INC.					
Principal Place of Business 812 OCEAN BOULEVARD ATLANTIC BEACH, FL 32233			Mailing Address 812 OCEAN BOULEVARD ATLANTIC BEACH, FL 32233		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0447138	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUSSELL, CAROLYN 812 OCEAN BOULEVARD ATLANTIC BEACH, FL 32233			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>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD - Board member	NAME RUSSELL, CAROLYN	<input type="checkbox"/> Delete	TITLE CO - President	NAME Jo Heller	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 812 OCEAN BOULEVARD	CITY-ST-ZIP ATLANTIC BEACH, FL 32233		STREET ADDRESS 812 Ocean Blvd.	CITY-ST-ZIP ATLANTIC BEACH, FL 32233	
TITLE STD	NAME RUSSELL, CARL	<input type="checkbox"/> Delete	TITLE CO - President	NAME Nancy Fudge	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 812 OCEAN BOULEVARD	CITY-ST-ZIP ATLANTIC BEACH, FL 32233		STREET ADDRESS 812 Ocean Blvd.	CITY-ST-ZIP ATLANTIC BEACH, FL 32233	
TITLE VD	NAME CRUMMEY, JENNIFER	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME Gene Costello	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7452 WEST FRANKLIN ST.	CITY-ST-ZIP GLENN ST. MARY, FL 32040		STREET ADDRESS 812 Ocean Blvd.	CITY-ST-ZIP ATLANTIC BEACH, FL 32233	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	TITLE _____	NAME Carolyn Russell, director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS 812 Ocean Blvd.	CITY-ST-ZIP ATLANTIC BEACH, FL 32233	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	TITLE _____	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
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 empowered.					
SIGNATURE: <i>[Signature]</i>			<i>Carolyn Russell</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 04/04/05		
Daytime Phone #: 904-216-4130			_____		