

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010379

FILED
Apr 14, 2008
Secretary of State

Entity Name: THE NATIONAL FOUNDATION FOR SELF-DIRECTED CARE, INC.

Current Principal Place of Business:

812 OCEAN BOULEVARD
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

812 OCEAN BOULEVARD
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 20-0447138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, CAROLYN
812 OCEAN BOULEVARD
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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: P () Delete
Name: HELLER, JO
Address: 812 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: CP () Delete
Name: FUDGE, NANCY
Address: 812 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: COSTLOW, GENE
Address: 812 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: RUSSELL, CAROLYN
Address: 812 OCEAN BLVD
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: RUSSELL, CARL
Address: 812 OCEAN BOULEVARD
City-St-Zip: ATLANTIC BEACH, FL 32233

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: CAROLYN RUSSELL

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date