

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 08, 2006
Secretary of State

DOCUMENT# N03000011079

Entity Name: ROSE OF SHARON FAMILY CARE CENTER, INC.**Current Principal Place of Business:**2016 ANNISTON RD
JACKSONVILLE, FL 32246**New Principal Place of Business:****Current Mailing Address:**472 EDEN ROC CIRCLE
101
VIRGINIA BEACH, VA 23451**New Mailing Address:****FEI Number:** 83-0380576**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HENDON, ANDREW III
2016 ANNISTON RD
JACKSONVILLE, FL 32246 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:** PD () Delete
Name: HENDON, ANDREW III
Address: 2016 ANNISTON RD
City-St-Zip: JACKSONVILLE, FL 32246**Title:** V () Delete
Name: HENDON, JESSICA
Address: 2016 ANNISTON RD
City-St-Zip: JACKSONVILLE, FL 32246**Title:** T () Delete
Name: HENDON, XAVIER A
Address: 2016 ANNISTON RD
City-St-Zip: JACKSONVILLE, FL 32246**Title:** S () Delete
Name: HENDON, CHADRICK R
Address: 124 AMBERWOOD LANE
City-St-Zip: GRIFFIN, GA 30223**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW HENDON III

PD

02/08/2006

Electronic Signature of Signing Officer or Director

Date