

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011079

FILED  
Jan 29, 2007  
Secretary of State

**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:**

1705 SCHOONER STRAIT COURT  
VIRGINIA BEACH, FL 23453

**Current Mailing Address:**

472 EDEN ROC CIRCLE  
101  
VIRGINIA BEACH, VA 23451

**New Mailing Address:**

1705 SCHOONER STRAIT COURT  
VIRGINIA BEACH, VA 23453

**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, CHADRIK R  
Address: 124 AMBERWOOD LANE  
City-St-Zip: GRIFFIN, GA 30223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HENDON, ANDREW III  
Address: 1705 SCHOONER STRAIT COURT  
City-St-Zip: VIRGINIA BEACH, VA 23453

Title: V (X) Change ( ) Addition  
Name: HENDON, JESSICA  
Address: 1705 SCHOONER STRAIT COURT  
City-St-Zip: VIRGINIA BEACH, FL 23453

Title: T (X) Change ( ) Addition  
Name: LEWIS, CHISTOPHER  
Address: 2016 ANNISTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S (X) Change ( ) Addition  
Name: LEWIS, JENITA  
Address: 2016 ANNISTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

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

01/29/2007

Electronic Signature of Signing Officer or Director

Date