

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011079

FILED
Jan 21, 2008
Secretary of State

Entity Name: ROSE OF SHARON FAMILY CARE CENTER, INC.

Current Principal Place of Business:

1705 SCHOONER STRAIT COURT
VIRGINIA BEACH, FL 23453

New Principal Place of Business:

1705 SCHOONER STRAIT COURT
VIRGINIA BEACH, VA 23453

Current Mailing Address:

1705 SCHOONER STRAIT COURT
VIRGINIA BEACH, VA 23453

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:

HENDON, ANDREW III
2016 ANNISTON ROAD
JACKSONVILLE, FL 32246 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: ANDREW HENDON III

01/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HENDON, CHADRICK R
Address: 124 AMBERWOOD LANE
City-St-Zip: GRIFFIN, GA 30223

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: ANDREW HENDON III

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date