

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 09, 2011
Secretary of State

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

Current Principal Place of Business:

1705 SCHOONER STRAIT COURT
VIRGINIA BEACH, VA 23453

New Principal Place of Business:

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
8040 LONE STAR RD
JACKSONVILLE, FL 32211 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
Name: HENDON, ANDREW III
Address: 1705 SCHOONER STRAIT COURT
City-St-Zip: VIRGINIA BEACH, VA 23453

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

Title: T
Name: HENDON, CHADRICK R
Address: 124 AMBERWOOD LANE
City-St-Zip: GRIFFIN, GA 30223

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

I hereby 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 all other like empowered.

SIGNATURE: ANDREW HENDON

PD

01/09/2011

Electronic Signature of Signing Officer or Director

Date