

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006084

FILED
Sep 17, 2009
Secretary of State

Entity Name: ALLEAN'S LOVING CARE, INC.

Current Principal Place of Business:

1804 26TH AVENUE EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

1804 26TH AVENUE EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 68-0489949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCINTOSH, ALBERTA
1804 26TH AVENUE EAST
BRADENTON, FL 34208 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: MCINTOSH, ALBERTA
Address: 1804 26TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: V () Delete
Name: MCINTOSH, FREDERICK
Address: 1804 26TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: S () Delete
Name: MCINTOSH, FREDERICK JR.
Address: 1804 26TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: T () Delete
Name: WASHINGTON, SARAH
Address: 1804 26TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

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 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: ALBERTA MCINTOSH

PRES

09/17/2009

Electronic Signature of Signing Officer or Director

Date