

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007944

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: DESOTO HEALTH RESOURCES, INC.

## Current Principal Place of Business:

6645 NE MASTERS AVE  
ARCADIA, FL 34266

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 390  
ARCADIA, FL 34265

## New Mailing Address:

FEI Number: 75-3174401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINIKER, ROBERT H  
6645 NE MASTERS AVE  
ARCADIA, FL 34266 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: RINGENBERGER, PAUL D  
Address: 24730 SANDHILL BLVD 903  
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: VPD ( ) Delete  
Name: REINHARDT, J. RUDY  
Address: 1200 W AVON BLVD STE 109  
City-St-Zip: AVON PARK, FL 33825 US

Title: S ( ) Delete  
Name: JOHNSON, KELLY J  
Address: 1200 W. AVON BOULEVARD, SUITE 109  
City-St-Zip: AVON PARK, FL 33825 US

Title: T ( ) Delete  
Name: HINIKER, ROBERT H  
Address: 6645 NE MASTERS AVE  
City-St-Zip: ARCADIA, FL 34265 US

Title: D (X) Delete  
Name: GARNER, MELANIE  
Address: 900 N. ROBERT AVENUE  
City-St-Zip: ARCADIA, FL 34266 US

Title: D (X) Delete  
Name: BLANCHETTE, KARAN F  
Address: 23 NORTH POLK AVE  
City-St-Zip: ARCADIA, FL 34266 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ELMORE, REV. PATRICK C  
Address: 6645 N.E. MASTERS AVE  
City-St-Zip: ARCADIA, FL 34266 US

Title: V (X) Change ( ) Addition  
Name: HINIKER, ROBERT H  
Address: 6645 N.E. MASTERS AVE.  
City-St-Zip: ARCADIA, FL 34266 US

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

Title: T (X) Change ( ) Addition  
Name: NICHOLSON, CORALEE  
Address: 6645 NE MASTERS AVE  
City-St-Zip: ARCADIA, FL 34266 US

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: ROBERT H. HINIKER

V

04/15/2009

Electronic Signature of Signing Officer or Director

Date