

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004403

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: JEANS COMFORT CARE, INC.

**Current Principal Place of Business:**

2710 NE 59TH ST.  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5663  
GAINESVILLE, FL 326275663

**New Mailing Address:**

FEI Number: 16-1722051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, GLORIA J  
2710 NE 27TH AVE  
GAINESVILLE, FL 32609 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: PC  
Name: JONES, GLORIA J  
Address: 2710 NE 27TH AVE  
City-St-Zip: GAINESVILLE, FL 32609

Title: VC  
Name: JONES, ORAIN V  
Address: 2710 NE 59TH STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: S  
Name: TSCHIRHART, MARIE DR.  
Address: 8818 SW 122ND STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: T  
Name: TAYLOR, WILLIS JR.  
Address: 3206 NE 142ND LANE  
City-St-Zip: GAINESVILLE, FL 32609

Title: M  
Name: MOSELY, FREDRICK BISHOP  
Address: 8415 GULFWOOD LANE  
City-St-Zip: HOUSTON, TX 77075

Title: M  
Name: REGINA, BRADLEY  
Address: 5310 NW 234TH AVE  
City-St-Zip: ALACHUA, FL 32615

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: GLORIA JONES

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date