

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007582

FILED
Apr 17, 2007
Secretary of State

Entity Name: RELATIVE CARE GIVER FOUNDATION, INC.

Current Principal Place of Business:

REALITIVE CARE GIVER FOUNDATION, INC.
BELL, FL 32619

New Principal Place of Business:

RELATIVE CARE GIVER FOUNDATION, INC.
BELL, FL 32619 US

Current Mailing Address:

PO BOX 274
BELL, FL 32619

New Mailing Address:

PO BOX 274
BELL, FL 32619 US

FEI Number: 83-0429492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISE, KIM L
3839 NW 23RD CIRCLE
BELL, FL 32619 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: WEISE, KIM
Address: 3839 NW 23RD CIRCLE
City-St-Zip: BELL, FL 32619

Title: T () Delete
Name: WOODBY, PATRICIA TRUSTEE
Address: 249 NW 55TH AVE.
City-St-Zip: BELL, FL 32693

Title: S () Delete
Name: GATLINE, JUDY
Address: 1110 SW 6TH AVE
City-St-Zip: TRENTON, FL 32693

Title: DT () Delete
Name: RUSH, DEBORAH MRS
Address: PO BOX 921
City-St-Zip: BELL, FL 32619

Title: C () Delete
Name: WYMER, TODD PASTOR
Address: 5579 NE 52MD RD.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: CAMPBELL, LINDA
Address: 1710 OAKS CIR
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WEISE, KIM
Address: 3839 NW 23RD CIRCLE
City-St-Zip: BELL, FL 32619 US

Title: VP (X) Change () Addition
Name: PRESCOTT, MARY
Address: 3629 NW 57 PLACE
City-St-Zip: BELL, FL 32619 US

Title: S-T (X) Change () Addition
Name: DELLOBUONO, PATRICIA
Address: POB 1901
City-St-Zip: HIGH SPRINGS, FL 32655 US

Title: DIR (X) Change () Addition
Name: RUSH, DEBORAH MRS
Address: PO BOX 921
City-St-Zip: BELL, FL 32619 US

Title: DIR (X) Change () Addition
Name: WILLIAMS, MELISSA
Address: POB 1121
City-St-Zip: BELL, FL 32619 US

Title: DIR (X) Change () Addition
Name: WILLIAMS, THOMAS ESQ.
Address: 907 NW 8 AVENUE, #D-5
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM WEISE

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date