

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007582

FILED
Apr 08, 2008
Secretary of State

Entity Name: RELATIVE CARE GIVER FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 274
BELL, FL 32619 US

New Mailing Address:

FEI Number: 83-0429492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BM (X) Change () Addition
Name: GREGORY, STEPHANIE
Address: 2279 NW 46TH STREET
City-St-Zip: BELL, FL 32619 US

Title: S-T (X) Change () Addition
Name: LARSEN, PATRICIA
Address: 4390 NW 31ST AVE.
City-St-Zip: BELL, FL 32619 US

Title: BM (X) Change () Addition
Name: NYSTROM, ELIZABETH
Address: 5479 NE 54TH PL.
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: BM (X) Change () Addition
Name: WILLIAMS, MELISSA
Address: 4109 NW 26TH AVE.
City-St-Zip: BELL, FL 32619 US

Title: BM (X) Change () Addition
Name: HOLMES, VICTORIA
Address: 1600 NW 60TH STREET
City-St-Zip: BELL, FL 32619 US

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: KIM WEISE

DIR

04/08/2008

Electronic Signature of Signing Officer or Director

Date