

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009312

FILED  
Aug 31, 2007  
Secretary of State

**Entity Name:** TRUECARE SHEFFIELD HOMES, INC.

**Current Principal Place of Business:**

1239 18TH STREET  
SARASOTA, FL 34234

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1466  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 20-3256516      **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:**

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

SHEFFIELD, APRIL D  
1239 18TH ST  
SARASOTA, FL 34234      US

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: SHEFFIELD, APRIL D  
Address: 1239 18TH ST  
City-St-Zip: SARASOTA, FL 34234

Title: VP ( ) Delete  
Name: MORTONELD, SURNELL  
Address: 2135 CENTRAL AVE  
City-St-Zip: SARASOTA, FL 34234

Title: T ( ) Delete  
Name: WHITE, WENDELL  
Address: 1508 25TH ST  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: WILLIAMS, JANICE  
Address: 1817 EDGEWATER DRIVE  
City-St-Zip: SARASOTA, FL 34234

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: APRIL D SHEFFIELD

P

08/31/2007

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

\_\_\_\_\_  
Date