

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011180

FILED
Jan 05, 2008
Secretary of State

Entity Name: THE COUNCIL OF STATE HOME CARE ASSOCIATIONS, INC.

Current Principal Place of Business:

223 EAST MAIN STREET
NEW IBERIA, LA 70562

New Principal Place of Business:

Current Mailing Address:

4208 CHARING CROSS ROAD
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 20-3893134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TISCHER, GENE ESQ.
4208 CHARING CROSS ROAD
SARASOTA, FL 34241 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: CD () Delete
Name: HEBERT, WARREN
Address: 223 EAST MAIN STREET
City-St-Zip: NEW IBERIA, LA 70562

Title: VCD () Delete
Name: MYERS, SARAH
Address: 1249 COMMERCIAL STREET SE
City-St-Zip: SALEM, OR 93702

Title: SD () Delete
Name: GOLSON, MELANIE
Address: P.O. BOX 3238
City-St-Zip: MONTGOMERY, AL 36109

Title: TD () Delete
Name: BRADBERRY, ANITA
Address: 3737 EXEC. CENTER DR, #268
City-St-Zip: AUSTIN, TX 78731

Title: D () Delete
Name: TISCHER, GENE
Address: 4208 CHARING CROSS ROAD
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WARREN HEBERT

CD

01/05/2008

Electronic Signature of Signing Officer or Director

Date