2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2012
Secretary of State

DOCUMENT# N06000006550

Entity Name: MITCHELL'S HOUSE OF CARE INC.

Current Principal Place of Business:

115 CLIFTON ROAD
WEST PARK
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

115 CLIFTON ROAD
WEST PARK
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 20-5132494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, PEARLENE
115 CLIFTON ROAD
HOLLYWOOD, FL 33023 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
Name: MITCHELL, PEARLENE
Address: 115 CLIFTON ROAD WEST PARK
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP
Name: MITCHELL, FRANKLIN G
Address: 115 CLIFTON ROAD WEST PARK
City-St-Zip: HOLLYWOOD, FL 33023

Title: SEC
Name: DURANT, LINROY
Address: 115 CLIFTON ROAD WEST PARK
City-St-Zip: HOLLYWOOD, FL 33023

Title: TRUS
Name: CHIN, CHRISTOPHER
Address: 10461 SW 163RD STREET
City-St-Zip: MIAMI, FL

Title: TREA
Name: GOFF, JUDITH
Address: 20157 NW 38 AVE
City-St-Zip: MIAMI, FL 33055

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: PEARLENE MITCHELL PD 05/09/2012

Electronic Signature of Signing Officer or Director — Date