

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006348

FILED
Feb 18, 2009
Secretary of State

Entity Name: FAMILY CARE GIVERS, INC.

Current Principal Place of Business:

5200 SE 145TH ST.
SUMMERFIELD, FL 34492

New Principal Place of Business:

5200 SE 145TH STREET
SUMMERFIELD, FL 34491

Current Mailing Address:

P. O. BOX 1150
SUMMERFIELD, FL 34491

New Mailing Address:

P. O. BOX 1150
SUMMERFIELD, FL 34492

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTIN, GERALD
5200 SE 145TH ST.
SUMMERFIELD, FL 34492 US

Name and Address of New Registered Agent:

BUSTIN, GERALD T
5200 SE 145TH STREET
SUMMERFIELD, FL 34491 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: GERALD T. BUSTIN, PRESIDENT

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BEDFORD, BOB
Address: P. O. BOX 48295
City-St-Zip: ST. PETERSBURG, FL 33743

Title: D () Delete
Name: MORGAN, MIKE
Address: 3131 W. ROYERTON RD.
City-St-Zip: MUNCIE, IN 47303

Title: D () Delete
Name: DYKES, ARNIE
Address: 8030 SE SUGAR PINES WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: PD () Delete
Name: BUSTIN, GERALD
Address: 5200 SE 145TH ST.
City-St-Zip: SUMMERFIELD, FL 34492

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: PD (X) Change () Addition
Name: BUSTIN, GERALD T
Address: 5200 SE 145TH STREET
City-St-Zip: SUMMERFIELD, FL 34492

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: GERALD T. BUSTIN

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date