

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006348

FILED
Apr 30, 2011
Secretary of State

Entity Name: FAMILY CARE GIVERS, INC.

Current Principal Place of Business:

5200 SE 145TH STREET
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1150
SUMMERFIELD, FL 34492

New Mailing Address:

FEI Number: 65-1121192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTIN, GERALD T
5200 SE 145TH STREET
SUMMERFIELD, FL 34491 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
Name: MORGAN, MIKE
Address: 3131 W. ROYERTON RD.
City-St-Zip: MUNCIE, IN 47303

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

Title: PD
Name: BUSTIN, GERALD T
Address: 5200 SE 145TH STREET
City-St-Zip: SUMMERFIELD, FL 34492

Title: VP
Name: GALLEGOS, WENDY
Address: 14781 SE 52ND CT
City-St-Zip: SUMMERFIELD, FL 34491

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: GERALD T. BUSTIN

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date