

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008052

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CLARKE'S IN HOME SUPPORT FACILITY, INC.

**Current Principal Place of Business:**

536 SE 3RD STREET  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2083  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

TAYLOR, MATTIE A  
1332 SW AVENUE G  
BELLE GLADE, FL 33430      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                      ( ) Delete  
Name: CLARKE, WANELL  
Address: 1332 SW AVENUE G  
City-St-Zip: BELLE GLADE, FL 33430

Title: SD                      ( ) Delete  
Name: SILVA, REBECCA  
Address: 833 NE 31ST STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: TD                      ( ) Delete  
Name: TAYLOR, MATTIE  
Address: 1322 SW AVEUE G  
City-St-Zip: BELLE GLADE, FL 33430

Title: D                      ( ) Delete  
Name: ROSENTHAL, ANNIE  
Address: PO BOX 12681  
City-St-Zip: LAKE PARK, FL 33403

Title: D                      ( ) Delete  
Name: CLARKE, HORACE  
Address: 125 NORTH 9TH AVENUE  
City-St-Zip: SOUTH BAY, FL 33493

**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: WANELL CLARKE

PD

04/30/2008

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

\_\_\_\_\_  
Date