2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N07000010724

Entity Name: PALM COAST PLANTATION C.A.R.E., INC.

Current Principal Place of Business:

75 S RIVERWALK DR
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

75 S RIVERWALK DR
PALM COAST, FL 32137

New Mailing Address:

100 N LAKEWALK DR
PALM COAST, FL 32137

FEI Number: 61-1542728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLENTINO, BEN
69 N RIVERWALK DR
PALM COAST, FL 32137 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:	WINGO-CARTER, BETH E	
Address:	75 S RIVER WALK DR	
City-St-Zip:	PALM COAST, FL 32137	
Title:	VPD	( ) Delete
Name:	PRENTICE, PAMELA R	
Address:	127 S RIVERWALK DR	
City-St-Zip:	PALM COAST, FL 32137	
Title:	SD	( ) Delete
Name:	GRUSSING, SHARON C	
Address:	100 N. LAKEWALK DRIVE	
City-St-Zip:	PALM COAST, FL 32137	
Title:	TD	( ) Delete
Name:	WILSON, SHIRLEY S	
Address:	94 N. LAKEWALK DRIVE	
City-St-Zip:	PALM COAST, FL 32137	

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:	

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: SHARON C. GRUSSING SD 02/27/2009

Electronic Signature of Signing Officer or Director — Date