2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

DOCUMENT# N07000011638

Entity Name: HOME CARE BY GULF COAST VILLAGE, INC.

Current Principal Place of Business:

1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1333 SANTA BARBARA BLVD
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 26-1774290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESKIN, HAROLD S
1420 SE 47TH ST
CAPE CORAL, FL 33904 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: BRDM
Name: TURNBULL, THOMAS
Address: 1660 DUKE STREET
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: CHRM
Name: SPILANE, MICHAEL MD
Address: 401 PHALEN BLVD
City-St-Zip: ST. PAUL, MN 55130 US

Title: SCTY
Name: MOORE, CAROL
Address: 635 FIRST STREET
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: VCHR
Name: MAZURKIEWICZ, JOE JR.
Address: PO BOX 101655
City-St-Zip: CAPE CORAL, FL 33910 US

Title: BRDM
Name: CASH, THOMAS N
Address: 8211 COLLEGE PARKWAY, SUITE 180
City-St-Zip: FORT MYERS, FL 33919 LE

Title: BRDM
Name: QUAINTANCE, MIKE
Address: 2051 CAPE CORAL PARKWAY
City-St-Zip: CAPE CORAL, FL 33904 LE

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: CAROL MOORE SCTY 04/24/2012

Electronic Signature of Signing Officer or Director Date