

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2011
Secretary of State

Entity Name: NEW RIVER COMMUNITY HEALTH CARE, INC.

Current Principal Place of Business:

1801 NORTH TEMPLE AVENUE
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

1801 NORTH TEMPLE AVENUE
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 26-1555976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, WINIFRED
1801 NORTH TEMPLE AVENUE
STARKE, FL 32091 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: CEO
Name: HOLLAND, WINIFRED
Address: 1801 NORTH TEMPLE AVENUE
City-St-Zip: STARKE, FL 32091 US

Title: CHMN
Name: BAKER, JEANNIE
Address: 12312 NW 198 ST
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: TRES
Name: FUTCH, STEVEN
Address: 403 SOUTH CHERRY STREET
City-St-Zip: STARKE, FL 32091 US

Title: SEC
Name: WILLIAMS, JERRY
Address: P. O. BOX 1086
City-St-Zip: STARKE, FL 32091

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: WINIFRED M. HOLLAND

CEO

04/06/2011

Electronic Signature of Signing Officer or Director

Date