2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N08000002203

Entity Name: MARCH 7X HEALTH AND SOCIAL SERVICES INC.

Current Principal Place of Business:

1492 APPLEWOOD WAY
TALLAHASSEE, FL, 323128085 US

New Principal Place of Business:

231 E VIRGINIA STREET
TALLAHASSEE, FL 323011263 US

Current Mailing Address:

1492 APPLEWOOD WAY
TALLAHASSEE, FL, 323128085 US

New Mailing Address:

1492 APPLEWOOD WAY
TALLAHASSEE, FL 323128085 US

FEI Number: 35-2332313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CROWTHER, VANESSA B
1492 APPLEWOOD WAY
TALLAHASSEE, FL 323128085 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:	P	( ) Delete
Name:	CROWTHER, VANESSA B	
Address:	1492 APPLEWOOD WAY,	
City-St-Zip:	TALLAHASSEE, FL 323128085 US	
Title:	C	( ) Delete
Name:	SACIPA, DORIS Y	
Address:	2242 TRESCOTT DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32308 US	
Title:	M	( ) Delete
Name:	BULLARD, CHARITA R	
Address:	1400-3 VILLAGE SQUARE, BLVD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	T	( ) Delete
Name:	BATES, IRA W	
Address:	7882 RAEL COURT	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	S	( ) Delete
Name:	RICHARDSON, AYASHA J	
Address:	299 WILSON GREEN BLVD.	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	VC	( ) Delete
Name:	JONES, ELANA	
Address:	4133 LAUREL OAK CIRCLE	
City-St-Zip:	TALLAHASSEE, FL 32311	

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:	
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: VANESSA CROWTHER P 03/20/2009
Electronic Signature of Signing Officer or Director — Date