

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003918

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** QUALITY 1ST CARE GROUP HOME CORP

**Current Principal Place of Business:**

607 HENRY AVE  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

**Current Mailing Address:**

607 HENRY AVE  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

**FEI Number:** 26-2671269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GARLAND, JENAMAY  
607 HENRY AVE  
LEHIGH ACRES, FL 33972 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:** D  
**Name:** GARLAND, JENAMAY  
**Address:** 607 HENRY AVE  
**City-St-Zip:** LEHIGH ACRES, FL 33972

**Title:** VP  
**Name:** PINDER, KEISHA N  
**Address:** 2602 50TH STREET W  
**City-St-Zip:** LEHIGH ACRES, FL 33971

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:** JENAMAY GARLAND

D

03/28/2011

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

\_\_\_\_\_  
Date