2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# N08000005833

Entity Name: BEN ROBERTS CARE CENTER, INC.

Current Principal Place of Business:

807 SW 5TH STREET
CHIEFLAND, FL 32626

New Principal Place of Business:

307 SW 5TH STREET
CHIEFLAND, FL 32626

Current Mailing Address:

307 SW 5TH STREET
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 26-2848370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS-BUTLER, ROSENA
307 SW 5TH STREET
CHIEFLAND, FL 32626 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:	VT	( ) Delete
Name:	ROBERTS-BUTER, ROSENA	
Address:	307 SW 5TH STREET	
City-St-Zip:	CHIEFLAND, FL 32626	
Title:	D	( ) Delete
Name:	ROBERTS, LEOTA P	
Address:	391 BUCKINGHAM BLVD	
City-St-Zip:	GALLATIN, TN 37066	
Title:	VS	( ) Delete
Name:	GOLDING, MARY	
Address:	307 SW 5TH STREET	
City-St-Zip:	CHIEFLAND, FL 32626	
Title:	D	( ) Delete
Name:	MCBRIDE, OSCAR B	
Address:	11 ALGERWOOD	
City-St-Zip:	LADERA RANCH, CA 92694	
Title:	CP	( ) Delete
Name:	ROBERTS, BENJAMIN JR	
Address:	391 BUCKINGHAM BLVD	
City-St-Zip:	GALLATIN, TN 37066	
Title:	D	( ) Delete
Name:	GOLDING, SELVIN	
Address:	4712 PIEDMONT COURT	
City-St-Zip:	ORLANDO, FL 32811	

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: ROSENA ROBERTS-BUTLER VT 08/27/2009

Electronic Signature of Signing Officer or Director — Date