## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005833

FILED Aug 31, 2010 Secretary of State

Entity Name: BEN ROBERTS CARE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

307 SW 5TH STREET CHIEFLAND, FL 32626

Current Mailing Address: New Mailing Address:

307 SW 5TH STREET CHIEFLAND, FL 32626

FEI Number: 26-2848370 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ROBERTS-BUTLER, ROSENA 307 SW 5TH STREET CHIEFLAND, FL 32626 US

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

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OFFICERS AND DIRECTORS:

Title: DS

Name: ROBERTS-BUTER, ROSENA Address: 307 SW 5TH STREET City-St-Zip: CHIEFLAND, FL 32626

Title: D

Name: ROBERTS, LEOTA P Address: 391 BUCKINGHAM BLVD City-St-Zip: GALLATIN, TN 37066

Title:

Name: GOLDING, MARY
Address: 307 SW 5TH STREET
City-St-Zip: CHIEFLAND, FL 32626

Title: D

Name: MCBRIDE, OSCAR B
Address: 11 ALGERWOOD
City St. 7in: LADERA BANCH CA 936

City-St-Zip: LADERA RANCH, CA 92694

Title: F

Name: ROBERTS, BENJAMIN JR Address: 391 BUCKINGHAM BLVD City-St-Zip: GALLATIN, TN 37066

Title: [

Name: GOLDING, SELVIN
Address: 4712 PIEDMONT COURT
City-St-Zip: ORLANDO, FL 32811

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: ROSENA ROBERTS-BUTLER DS 08/31/2010