2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2011
Secretary of State

DOCUMENT# N08000005833

Entity Name: BEN ROBERTS CARE CENTER, INC.

Current Principal Place of Business:

307 SW 5TH STREET
CHIEFLAND, FL 32626

New Principal Place of Business:

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)**

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: VP
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: D
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-Zip: LADERA RANCH, CA 92694

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

Title: D
Name: CLEMONS, CHERYL
Address: 17242 HIGHWAY 90 WEST
City-St-Zip: GREENVILLE, FL 32331 US

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 VP 08/31/2011
Electronic Signature of Signing Officer or Director Date