

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006009

FILED  
May 08, 2009  
Secretary of State

**Entity Name:** INTER GENERATIONAL CARE FOR CHILDREN AND SENIORS, INC.

**Current Principal Place of Business:**

6310 JENNIFER JEAN DR.  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

6310 JENNIFER JEAN DR.  
ORLANDO, FL 32818

**New Mailing Address:**

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

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

CLAYTON, GREGORY B  
6310 JENNIFER JEAN DR.  
ORLANDO, FL 32818 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLAYTON, GREGORY B  
Address: 6310 JENNIFER JEAN DR.  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: RUTLAND, JOHNNY  
Address: P. O. BOX 783542  
City-St-Zip: WINTER GARDEN, FL 34778

Title: D ( ) Delete  
Name: COLEMAN, ALMASTINE  
Address: 306 COUNTRY COTTAGE LANE  
City-St-Zip: WINTER GARDEN, FL 34707

**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:

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: GREGORY CLAYTON

PRES

05/08/2009

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

\_\_\_\_\_  
Date