2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

DOCUMENT# N09000002366

Entity Name: ELDER CAREGIFTERS INC.

Current Principal Place of Business:

3530 FORTUNA DRIVE
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

3530 FORTUNA DRIVE
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 26-4423062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, SHARON M
3530 FORTUNA DRIVE
ORANGE PARK, FL 32065 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: P
Name: MARINELLI, ANTOINETTE
Address: 165 WELLS ROAD #301
City-St-Zip: ORANGE PARK, FL 32073

Title: S
Name: KELLY, JAMI
Address: 165 WELLS ROAD #301
City-St-Zip: ORANGE PARK, FL 32073

Title: T
Name: DAVIS, SHARON M
Address: 3530 FORTUNA DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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: SHARON M DAVIS T 04/22/2010
Electronic Signature of Signing Officer or Director Date