

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 05, 2011
Secretary of State

Entity Name: GAINES QUALITY CARE I, INC.

Current Principal Place of Business:

10181 SE WILLIAMS DR
HOBE SOUND, FL 33475 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1498
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 26-4480283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HEARN, JAMES J
2466 NE 17TH COURT
JENSEN BEACH, FL 34957 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: D
Name: GAINES, PATRICIA
Address: PO BOX 1498
City-St-Zip: HOBE SOUND, FL 33475 US

Title: D
Name: BARLOW-DESOUZA, JILL
Address: 8606 SE AURORA LANE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D
Name: JACOB, MICHELLE
Address: 9012 SANDY LANE
City-St-Zip: HOBE SOUND, FL 33485 US

Title: D
Name: DAUGHTERY, VIOLA
Address: PO BOX 501
City-St-Zip: HOBE SOUND, FL 33475 US

Title: D
Name: HILL, LORETTA
Address: 1038 SW PROVINCE TOWN LANE
City-St-Zip: PORT ST LUCIE, FL 34953 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: PATRICIA GAINES

D

02/05/2011

Electronic Signature of Signing Officer or Director

Date