

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007348

FILED
Apr 19, 2010
Secretary of State

Entity Name: JOSHUA CARES SERVICES, INC.

Current Principal Place of Business:

4835 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

New Principal Place of Business:

4835 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210 US

Current Mailing Address:

4835 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

New Mailing Address:

4835 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210 US

FEI Number: 27-0648833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUMACHER, EVELYN
4835 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210 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: PTD
Name: SCHUMACHER, EVELYN
Address: 4835 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VD
Name: SCHUMACHER, SARA
Address: 4835 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: HOWELL, TRISHA
Address: 8650 HEATHER RUN DR S
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: WILSON, LAUREL
Address: 1739 SUNSET DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S
Name: DEMPSTER, HEATHER
Address: 500 CHAFFEE ROAD S #78
City-St-Zip: JACKSONVILLE, FL 32221

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: EVELYN P. SCHUMACHER

PRES

04/19/2010

Electronic Signature of Signing Officer or Director

Date