2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# N09000007474

Entity Name: EUREKA ASSISTED LIVING AND CARE CENTER,INC

Current Principal Place of Business:

8293 EGGELSTOM AVE
NORTH PORT, FL 34291

New Principal Place of Business:

Current Mailing Address:

8293 EGGELSTOM AVE
NORTH PORT, FL 34291

New Mailing Address:

FEI Number: 80-0439413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, MARIE C
8293 EGGELSTOM AVE
NORTH PORT, FL 34291 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: PIERRE, MARIE C
Address: 8293 EGGELSTOM AVE
City-St-Zip: NORTH PORT, FL 34291

Title: VP
Name: PIERRE, JACQUES L
Address: 8293 EGGELSTOM AVE
City-St-Zip: NORTH PORT, FL 34291

Title: S
Name: VOLCY, SUZETTE
Address: 4915 15 ST. EAST
City-St-Zip: BRADENTON, FL 34203

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: JACUES L PERRE VP 04/25/2012
Electronic Signature of Signing Officer or Director Date