

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008193

FILED
Apr 26, 2010
Secretary of State

Entity Name: TENDER NURSING AND CHILD CARE CENTER, INC

Current Principal Place of Business:

3831 NW 21 STREET
APT. 311
LAUDERDALE LAKES, FL 33311 US

New Principal Place of Business:

11109 NW 39 STREER
APT. 303
SUNRISE, FL 33351 US

Current Mailing Address:

3831 NW 21 STREET
APT. 311
LAUDERDALE LAKES, FL 33311 US

New Mailing Address:

11109 NW 39 STREER
APT. 303
SUNRISE, FL 33351 US

FEI Number: 27-0820309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JARRETT, INGRID
11109 NW 39 STREET
APT 303
SUNRISE, FL 33351 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: PD
Name: JARRETT, INGRID
Address: 11109 NW 39 STREET, APT. 303
City-St-Zip: SUNRISE, FL 33351 US

Title: VP
Name: LOUDEN, WINSOME T DR.
Address: 5035 SABERLINE TERRACE
City-St-Zip: GREENACRES, FL 33463 US

Title: ST
Name: BOYD, LATOYA
Address: 8 CANTERBURY LANE
City-St-Zip: TAMARAC, FL 33319 US

Title: D
Name: JOSEPH, PATRICIA DR.
Address: 1600 NORTH STATE ROAD SEVEN
City-St-Zip: LAUDERHILL, FL 33313 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: INGRID JARRETT

PD

04/26/2010

Electronic Signature of Signing Officer or Director

Date