

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2010
Secretary of State

Entity Name: HAMILTON CARES, INC.

Current Principal Place of Business:

108 CENTRAL NW
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

PO BOX 1689
JASPER, FL 320521689

New Mailing Address:

FEI Number: 27-1573187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNETH M. DANIELS, CPA
108 CENTRAL NW
JASPER, FL 32052 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: C
Name: WILLIAMS, MIKE
Address: 12638 ROBERTS ST
City-St-Zip: WHITE SPRINGS, FL 32096

Title: VC
Name: HOWELL, JOY
Address: 201 SE 2 AVE
City-St-Zip: JASPER, FL 32052

Title: T
Name: YOUNG, MANTHA
Address: 508 NW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32055

Title: D
Name: VAUGHN, LEWIS
Address: 207 NE FIRST ST
City-St-Zip: JASPER, FL 32052

Title: D
Name: DAVIS, CECIL
Address: 8500 SW 49TH TRAIL
City-St-Zip: JASPER, FL 32052

Title: D
Name: HIGGINBOTHAM, SARAH
Address: PO BOX 536
City-St-Zip: JASPER, FL 32052

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: MIKE WILLIAMS

C

04/05/2010

Electronic Signature of Signing Officer or Director

Date