

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90024 001 ***131.25

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DOCUMENT # N09185 1. Entity Name HENDERSON CENTER RESIDENTIAL SERVICES, INC.					
Principal Place of Business 4740 N STATE RD 7 SUITE 201 FT. LAUDERDALE, FL 33319 US			Mailing Address 4740 N STATE RD 7 SUITE 201 FT. LAUDERDALE, FL 33319-5860 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02072006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2533533	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RONIK, STEVE 4740 N STATE ROAD 7 STE. 201 FORT LAUDERDALE, FL 33319			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCANSON, CAROLE 1044 HARRISON STREET HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELD, ROBERT A JR 4324 NE 6 AVE FORT LAUDERDALE, FL 33334		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Norris-Weeks, Burnadette 100 SE 6 Street Ft. Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTAFSON, JOEL 1 E BROWARD BLVD STE 1300 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANEY, MARVIN T. 2206 NE 26 STREET FORT LAUDERDALE, FL 33305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUNDLACK, JON 2741 NE 14 STREET FORT LAUDERDALE, FL 333041610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNORS, JEFFREY ONE FINANCIAL PLAZA STE 2114 FORT LAUDERDALE, FL 33394		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Burnadette Norris-Weeks		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/9/06 954.768.9770		
Date			Daytime Phone #		