

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006611

FILED
Aug 10, 2011
Secretary of State

Entity Name: CHESTFORD RESIDENTIAL AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

6659 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

6659 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 80-0509280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORBES, JO FRANCES
6659 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309 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: D
Name: CHESTER, CLEM
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: CHESTER, ANNA
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: FORBES, GARY
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SEC
Name: CAREY, THEODORIA
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: JO FRANCIS FORBES

ED

08/10/2011

Electronic Signature of Signing Officer or Director

Date