2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# N10000008068

Entity Name: HELEN NORRIS' WORLD OF CARE AGENCY, INC.

Current Principal Place of Business:

2753 POST ST
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2753 POST ST
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 61-1621107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEWSOME, ANN JEANETTE
2753 POST ST
JACKSONVILLE, FL 32205 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: NEWSOME, ANN JEANETTE
Address: 2753 POST ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD
Name: NEWSOME, NICOLE A
Address: 2753 POST ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD
Name: NEWSOME, MARVIN JR
Address: 541 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD
Name: NEWSOME, MAURICE T
Address: 2753 POST ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD
Name: NEWSOME, LEAH K
Address: 2753 POST ST
City-St-Zip: JACKSONVILLE, FL 32205

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: ANN JEANETTE NEWSOME PD 02/16/2011

Electronic Signature of Signing Officer or Director — Date