## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999 DOCUMENT # N10964
1. Corporation Name

HENDERSON CARE CENTERS, INC.

Principal Place of Business

% JOANNE J HENDERSON 199 SE 12TH AVE HAVANA FL 32333

2. Principal Place of Business

SIGNATURE

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

% JOANNE J HENDERSON 199 SE 12TH AVE HAVANA FL 32333

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90061 018 \*\*\*\*61.25



3. Date Incorporated or Qualifed

09/04/1985

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution Add  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  HENDERSON, JOANNE J 82 Street Address (P.O. Box Number is Not Acceptable)  199 SE 12TH AVE 83	Not Applicable  5 Additional Required  00 May Be ed to Fees  Zip Code  2 its registered 3 registered 3 registered
City & State  City & State  28  Zip Country  Zip Country  30  Trust Fund Contribution  9. Name and Address of Current Registered Agent  HENDERSON, JOANNE J  199 SE 12TH AVE  HAVANA FL 32333  84 City  Fee  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment a submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a submits with and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  Advance Technique (17,0502)  SIGNATURE	Required  DO May Be ed to Fees  Zip Code
Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution Add  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  HENDERSON, JOANNE J 82 Street Address (P.O. Box Number is Not Acceptable)  199 SE 12TH AVE HAVANA FL 32333  84 City FL 85  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a statutes.  SIGNATURE Office or Tegistered Agent 1. Hence Fox	DO May Be ed to Fees  Zip Code
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office or registered agent, or both, in the State of Florida. Such change was authorized by the collaboration's board of diseases.  SIGNATURE OAWS. T. HENDERSON	its registered s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the collaboration's board of diseases.  Signature O Anne. T. Henderson	s registered
SIGNATURE TO ANNE. T. HENDERSON	
SIGNATURE (C) HAVE HENDERSON	
SIGNATURE Separature based or critised name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	<del></del>
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
Chair	nge 🔲 Addition
ANNUE CONTRACTOR IN THE CONTRA	
NAME   NEW YORK   NEW	-
STREET ADDRESS   MI 4 BUX 1330	•
CITY-ST-ZIP HAVANA FL 1.4 CITY-ST-ZIP Char	nge Addition
IIICE DMS	
NAME HENDERSON, JOANNE J 22 NAME	
STREET ADDRESS RT 4 BOX 1550	
CITY-ST-ZIP HAVANA FL 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nge
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STREET ADDRESS RT 4 BOX 1550	
CITY-ST-ZIP 3.4. CITY-ST-ZIP Cha	nge Addition
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CITY-ST-ZIP	nge Addition
TITLE DT DELETE 5.1 TITLE	nge Madillon
NAME MAXWELL, WILLIAM M. 52 NAME	
0.00 LCT CT CE 5.3 STREET ADDRESS	,
CTV ST ZIP HAVANA FI	
TITLE DELETTE 6.1 TILE Cha	
NAME BRINSON, SILAS	nge
STREET ADDRESS 504 CONYERS ST. 6.3 STREET ADDRESS	inge Li Abdition
CITY-ST-ZIP HAVANA FL 64 CITY-ST-ZIP	inge (1) Abdition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or an an attachment with an address, with all other like empowered.

Applied For \