

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90275 041 ****61.25

0015331

DOCUMENT # N10964

1. Entity Name

HENDERSON CARE CENTERS, INC.

Principal Place of Business

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

Mailing Address

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

00041659



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2607708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> Delete
NAME	HENDERSON, HAROLD J	
STREET ADDRESS	RT 4 BOX 1550	
CITY-ST-ZIP	HAVANA FL	
TITLE	DMS	<input type="checkbox"/> Delete
NAME	HENDERSON, JOANNE J	
STREET ADDRESS	RT 4 BOX 1550	
CITY-ST-ZIP	HAVANA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HENDERSON, ANGELA L.	
STREET ADDRESS	RT 4 BOX 1550	
CITY-ST-ZIP	HAVANA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGARS, JANET	
STREET ADDRESS	227 5TH STREET	
CITY-ST-ZIP	HAVANA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MAXWELL, WILLIAM M.	
STREET ADDRESS	918 1ST ST. SE	
CITY-ST-ZIP	HAVANA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLSTON, ESTELLE	
STREET ADDRESS	118 GIBSON SAWMILL ROAD	
CITY-ST-ZIP	HAVANA FL 32333	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Flemming	
STREET ADDRESS	2820 Lake Douglas Road	
CITY-ST-ZIP	Bainbridge, Ga 31717	

12. 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 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:

Joanne J. Henderson, Director 4/24/01 (850) 539-6614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)