


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10964</b>	
<b>1. Entity Name</b> HENDERSON CARE CENTERS, INC.	

<b>Principal Place of Business</b> % JOANNE J HENDERSON 199 SE 12TH AVE HAVANA, FL 32333	<b>Mailing Address</b> % JOANNE J HENDERSON 199 SE 12TH AVE HAVANA, FL 32333
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**DO NOT WRITE IN THIS SPACE**

04262005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-2607708	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000344153  
04/29/05-80125-006 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DPC
<b>NAME</b>	HENDERSON, HAROLD J
<b>STREET ADDRESS</b>	RT 4 BOX 1550
<b>CITY-ST-ZIP</b>	HAVANA, FL
<b>TITLE</b>	DMS
<b>NAME</b>	HENDERSON, JOANNE J
<b>STREET ADDRESS</b>	RT 4 BOX 1550
<b>CITY-ST-ZIP</b>	HAVANA, FL
<b>TITLE</b>	D
<b>NAME</b>	ROGARS, JANET
<b>STREET ADDRESS</b>	227 5TH STREET
<b>CITY-ST-ZIP</b>	HAVANA, FL
<b>TITLE</b>	DT
<b>NAME</b>	MAXWELL, WILLIAM M.
<b>STREET ADDRESS</b>	918 1ST ST. SE
<b>CITY-ST-ZIP</b>	HAVANA, FL
<b>TITLE</b>	D
<b>NAME</b>	FLEMMING, JOSEPH
<b>STREET ADDRESS</b>	2820 LAKE DOUGLAS ROAD
<b>CITY-ST-ZIP</b>	BAINBRIDGE, GA 31717
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 (850) 589-6611  
Date Daytime Phone #