

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N10964**

1. Entity Name  
**HENDERSON CARE CENTERS, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 17 PM 2:38

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



03172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-2607708

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	ROGARS, JANET	
STREET ADDRESS	227 5TH STREET	
CITY-ST-ZIP	HAVANA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMMING, JOSEPH	
STREET ADDRESS	2820 LAKE DOUGLAS ROAD	
CITY-ST-ZIP	BAINBRIDGE, GA 31717	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300121256363
CITY-ST-ZIP	03/25/08--01057--016 **61.25
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

3-17-08