

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10964

FILED
Feb 19, 2011
Secretary of State

Entity Name: HENDERSON CARE CENTERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2607708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, JOANNE J
199 SE 12TH AVE
HAVANA, FL 32333 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: DMS
Name: HENDERSON, JOANNE J
Address: RT 4 BOX 1550
City-St-Zip: HAVANA, FL

Title: D
Name: RIGGINS, JANET
Address: 227 5TH STREET
City-St-Zip: HAVANA, FL

Title: D
Name: FLEMMING, JOSEPH
Address: 2820 LAKE DOUGLAS ROAD
City-St-Zip: BAINBRIDGE, GA 31717

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: JOANNE HENDERSON

DIR.

02/19/2011

Electronic Signature of Signing Officer or Director

Date