

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004132

FILED
Feb 24, 2012
Secretary of State

Entity Name: ANDERSON CARE INC.

Current Principal Place of Business:

3366 MISTY POND CT.
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1823
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 45-2004119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, PHILOMENA P
3366 MISTY POND CT.
TARPON SPRINGS, FL 34688 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: PRES
Name: ANDERSON, PHILOMENA P MS.
Address: 3366 MISTY POND CT.
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: SEC
Name: AUSTIN, SHELITTA MRS.
Address: 31022 MANDOLIN CAY AVE.
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: TREA
Name: DUNBAR, JUNON MRS.
Address: 2806 SOUTH LENNA AVE.
City-St-Zip: SEFFNER, FL 33584 US

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: PHILOMENA ANDERSON

PRES

02/24/2012

Electronic Signature of Signing Officer or Director

Date