2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N20873

Entity Name: CARE DIVERSIFIED OF LAKE COUNTY, INC.

Current Principal Place of Business:

35201 RADIO RD
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

35201 RADIO RD
LEESBURG, FL 34788 US

New Mailing Address:

FEI Number: 59-2808772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASKEW, JOHN W
35201 RADIO RD
LEESBURG, FL 34788 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: S ( ) Delete
Name: LAND, PAT
Address: 35201 RADIO RD
City-St-Zip: LEESBURG, FL 34788

Title: CD ( ) Delete
Name: HENDRICK, CAROL
Address: PO DRAWER 29
City-St-Zip: UMATILLA, FL 32784

Title: CEO ( ) Delete
Name: ASKEW, JOHN
Address: 35201 RADIO RD
City-St-Zip: LEESBURG, FL 34788

Title: PC (X) Delete
Name: FISHER, NEIL
Address: 9800 US HWY 441
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S, T (X) Change ( ) Addition
Name: LAND, PAT
Address: 35201 RADIO RD
City-St-Zip: LEESBURG, FL 34788

Title: PC (X) Change ( ) Addition
Name: HENDRICK, CAROL
Address: PO DRAWER 29
City-St-Zip: UMATILLA, FL 32784

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT W WORK CFO 03/24/2009
Electronic Signature of Signing Officer or Director Date