

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26682

FILED
Apr 01, 2008
Secretary of State

Entity Name: ADVOCARE TRUST, INC.

Current Principal Place of Business:

1501 BELCHER ROAD, #219
#219
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

1501 BELCHER ROAD, #219
#219
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-2899104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRAMMEK, SUSANNA W
1501 N BELCHER RD
#219
CLEARWATER, FL 33765 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: D () Delete
Name: GAMBLE, CHARLES
Address: 1722 HICKORY GATE, SOUTH
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: SMITH, MARION P.,
Address: 1884 OAKDALE LANE, NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: S () Delete
Name: SCHOENIG, WALTER,
Address: 2428 FAIRBANKS DR
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: BLANKMAN, MARJORIE M.,
Address: 1471 BAYVIEW DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: DT () Delete
Name: RIDENOUR, NANCY
Address: 29605 US 19 N., SUITE 140
City-St-Zip: CLEARWATER, FL 33761

Title: P () Delete
Name: CULHAUE, WILLIAM P.
Address: 1707 DONCASTER RD
City-St-Zip: CLEAWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM P. CULHANE

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date