

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30444

FILED
Jan 20, 2010
Secretary of State

Entity Name: HOME CARE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

1331 E LAFAYETTE ST
STE C
TALLAHASSEE, FL 323012621 US

New Principal Place of Business:

Current Mailing Address:

1331 E LAFAYETTE ST
STE C
TALLAHASSEE, FL 323012621 US

New Mailing Address:

FEI Number: 59-2922470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOLLEY, BOBBY
1331 E LAFAYETTE ST
STE C
TALLAHASSEE, FL 32301 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: P
Name: CORBIN, TERESA
Address: 9143 PHILLIPS HIGHWAY #195
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: SANTANGELO, TERRI
Address: 3201 WEST COMMERCIAL BLVD. #220
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: T
Name: CLARIZIO, ANTHONY
Address: 580 WEST 8TH STREET #9009
City-St-Zip: JACKSONVILLE, FL 32209

Title: S
Name: BURKE, GLENDA
Address: 1359 CAPRI DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: MCKINNEY, ALISE
Address: 4863 PALM COAST PARKWAY, NW, #3
City-St-Zip: PALM COAST, FL 32137

Title: D
Name: FOX, JOSE
Address: 5255 NW 87TH AVE #400
City-St-Zip: MIAMI, FL 33178

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: BOBBY LOLLEY

ED

01/20/2010

Electronic Signature of Signing Officer or Director

Date