


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 009 ****61.25

DOCUMENT # N32679 1. Entity Name TIME OUT RESPITE CARE, INC.					
Principal Place of Business 24246 HARBOR VIEW RD PORT CHARLOTTE, FL 33980 US				Mailing Address 24246 HARBOR VIEW RD PORT CHARLOTTE, FL 33980 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0155190				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATSEL, MCKINLEY I 18401.MURDOCK CIR PT CHATLOTTE, FL 33948			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable). City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P MAZZONI, JOSEPH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22347 ADORN AVE		NAME		
STREET ADDRESS	PORT CHARLOTTE, FL 33952		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP NARDI, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1612 ATWATER		NAME		
STREET ADDRESS	NORTH PORT, FL 43286		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TR MORRIS, MAUREEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3206 ANTIQUA DR		NAME		
STREET ADDRESS	PUNTA GORDA, FL 33950		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TR HARTZELL, SHARON <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	23213 OCEAN BLVD		NAME		
STREET ADDRESS	PORT CHARLOTTE, FL 33980		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TR CALLIN, TEE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	691 CHAMBER STREET		NAME		
STREET ADDRESS	PORT CHARLOTTE, FL 33948		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HARTZELL, SHARON <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	23213 OLEAN BLVD		NAME	TR Ellison, Melissa	
STREET ADDRESS	PORT CHARLOTTE, FL 33980		STREET ADDRESS	27317 NEAPTIDE DR	
CITY-ST-ZIP			CITY-ST-ZIP	Punta Gorda, FL 33983	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Sharon Hartzell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-18-06 941-743-3883 <small>Date Daytime Phone #</small>		