

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32679

FILED
Feb 09, 2011
Secretary of State

Entity Name: TIME OUT RESPITE CARE, INC.

Current Principal Place of Business:

24246 HARBOR VIEW RD
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

24246 HARBOR VIEW RD
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 65-0155190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCH, ROBERT A P.A.
1777 TAMiami TRAIL
PT CHARLOTTE, FL 33948 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: CALLAN, TERESE
Address: 691 CHAMBER STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP
Name: ELISON, MELISSA
Address: 27317 NEAPTIDE DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: TR
Name: MAZZONI, JOSEPH
Address: 22347 ADORN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ADM
Name: HARTZELL, SHARON
Address: 23213 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TR
Name: MORRIS, MAUREEN
Address: 3206 ANTIQUA DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: TR
Name: WILLIAMS, BETH
Address: 18500 O'HARA DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: SHARON HARTZELL

ADM

02/09/2011

Electronic Signature of Signing Officer or Director

Date