

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N34698

1. Entity Name
GREEN MEADOWS CARE CENTER, INC.



Principal Place of Business
**1273 CARTER AVE
SARASOTA, FL 34239**

Mailing Address
**P.O. BOX 7469
SARASOTA, FL 34278**



01112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0226974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, ALVIN
1273 CARTER AVE.
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SOMMERS, LEVI B.
P.O. BOX 1187
WESTCLIFFE, CO 81252**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SOMMERS, NORA J.
P.O. BOX 1187
WESTCLIFFE, CO 81252**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MILLER, IRENE
1273 CARTER AVE
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MILLER, ALVIN M.
1273 CARTER AVE
SARASOTA, FL 34232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MULLETT, WILLIS
4856 WILD DOVE LANE
SARASOTA, FL 34232**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TROYER, LARRY
5760 MCLARNAN RD
GAMBIER, OH 43022**

U00000595475
01/23/07-80037-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Irene Miller

Irene Miller Sec. Tre.

1-17-07

941-955-2187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #