

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**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**



01032008 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000795645  
01/28/08-80056-004 61.25

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Levi Sommers Irene Miller*

1-22-08 941-9552187