2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N34698

Entity Name: GREEN MEADOWS CARE CENTER, INC.

Current Principal Place of Business:

1273 CARTER AVE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7469
SARASOTA, FL 34278

New Mailing Address:

1273 CARTER AVE
SARASOTA, FL 34239

FEI Number: 65-0226974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, ALVIN
1273 CARTER AVE.
SARASOTA, FL 34239 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	( ) Delete
Name:	SOMMERS, LEVI B.,	
Address:	P.O. BOX 1187	
City-St-Zip:	WESTCLIFFE, CO 81252	
Title:	VP	( ) Delete
Name:	SOMMERS, NORA J.,	
Address:	P.O. BOX 1187	
City-St-Zip:	WESTCLIFFE, CO 81252	
Title:	ST	( ) Delete
Name:	MILLER, IRENE,	
Address:	1273 CARTER AVE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	T	( ) Delete
Name:	MILLER, ALVIN M.,	
Address:	1273 CARTER AVE	
City-St-Zip:	SARASOTA, FL 34232	
Title:	T	( ) Delete
Name:	MULLETT, WILLIS	
Address:	4856 WILD DOVE LANE	
City-St-Zip:	SARASOTA, FL 34232	
Title:	T	( ) Delete
Name:	TROYER, LARRY	
Address:	5760 MCLARNAN RD	
City-St-Zip:	GAMBIER, OH 43022	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRENE MILLER SEC 01/22/2009

Electronic Signature of Signing Officer or Director — Date