

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34698

FILED
Feb 16, 2012
Secretary of State

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:

1273 CARTER AVE
SARASOTA, FL 34239

New Mailing Address:

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
Name: SOMMERS, LEVI B.
Address: P.O. BOX 1187
City-St-Zip: WESTCLIFFE, CO 81252

Title: VP
Name: SOMMERS, NORA J.
Address: P.O. BOX 1187
City-St-Zip: WESTCLIFFE, CO 81252

Title: ST
Name: MILLER, IRENE
Address: 1273 CARTER AVE
City-St-Zip: SARASOTA, FL 34239

Title: T
Name: MILLER, ALVIN M.
Address: 1273 CARTER AVE
City-St-Zip: SARASOTA, FL 34239

Title: T
Name: MULLETT, WILLIS
Address: 4856 WILD DOVE LANE
City-St-Zip: SARASOTA, FL 34232

Title: T
Name: TROYER, LARRY
Address: 5760 MCLARNAN RD
City-St-Zip: GAMBIER, OH 43022

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: IRENE MILLER

S/T

02/16/2012

Electronic Signature of Signing Officer or Director

Date