

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# N41822

Entity Name: ELDER CARE OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

4026 NW 22ND DRIVE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100303
GAINESVILLE, FL 326100303 US

New Mailing Address:

720 SW 2ND AVE, STE 360A
GAINESVILLE, FL 32601 US

FEI Number: 59-3051104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOVAL, CHARLES B
720 SW 2ND AVENUE, SUITE 360A
GAINESVILLE, FL 32601 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: VD () Delete
Name: MCKEE, DUANE
Address: 7218 SW 84 WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: CD () Delete
Name: THOMPSON, SUSAN
Address: PO BOX 147006
City-St-Zip: GAINESVILLE, FL 32614

Title: SD () Delete
Name: KLEIN, PHYLLIS
Address: 4026 NW 22 DR
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: CARTER, DENNIS
Address: 1329 SW 16TH ST/BOX 100336
City-St-Zip: GAINESVILLE, FL 32610

Title: D () Delete
Name: EBERSOLE, BILL
Address: 5000 SW 25 BLVD, #119
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: MCGANN, GREGORY
Address: 1025 NE 10TH AVE
City-St-Zip: GAINESVILLE, FL 32601

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: D (X) Change () Addition
Name: EBERSOLE, BILL
Address: 5000 SW 25 BLVD, #1119
City-St-Zip: GAINESVILLE, FL 32608

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS CARTER

Electronic Signature of Signing Officer or Director

T

01/19/2006

Date