

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41822

FILED  
Feb 12, 2007  
Secretary of State

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:**

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

**New Mailing Address:**

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, #1119  
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: D (X) Change ( ) Addition  
Name: MCKEE, DUANE  
Address: 7218 SW 84 WAY  
City-St-Zip: GAINESVILLE, FL 32608

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 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: CHARLES B. KOVAL

AS

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date