

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45345

FILED  
Mar 12, 2005  
Secretary of State

Entity Name: ELDER CARE OF MANATEE, INC.

## Current Principal Place of Business:

811 23RD AVENUE EAST  
BRADENTON, FL 34208

## New Principal Place of Business:

## Current Mailing Address:

811 23RD AVENUE EAST  
BRADENTON, FL 34208

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

NOLAN, DAN  
1307 70TH STREET NW  
BRADENTON, FL 34209 US

## Name and Address of New Registered Agent:

DESEAR, VERNON  
5304 26TH AVE. CT. W.  
BRADENTON, FL 34209 US

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: VERNON DESEAR

03/12/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NOLAN, DAN  
Address: 1307 70TH STREET N W  
City-St-Zip: BRADENTON, FL 34209

Title: VP ( ) Delete  
Name: LABELL, DAVE  
Address: 629 137TH ST NE  
City-St-Zip: BRADENTON, FL 34202

Title: T ( ) Delete  
Name: CAMPBELL, MARK  
Address: 105 NEW BRITON COURT  
City-St-Zip: BRADENTON, FL 34212

Title: ED ( ) Delete  
Name: CAMPBELL ELLEN J.,  
Address: 811 23RD AVE E  
City-St-Zip: BRADENTON, FL 34208

Title: S ( ) Delete  
Name: POMFERT, TERRY  
Address: 558 PLANTES MANOR WAY  
City-St-Zip: BRADENTON, FL 34209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DESEAR, VERNON  
Address: 5304 26TH AVE. CT. W.  
City-St-Zip: BRADENTON, FL 34209

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 Section 119.07(3)(i), 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: ELLEN J CAMPBELL

ED

03/12/2005

Electronic Signature of Signing Officer or Director

Date