

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45345

FILED
Jan 04, 2008
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:

CAMPBELL, ELLEN CEO
811 23RD AVENUE EAST
BRADENTON, FL 34208 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: CRMN () Delete
Name: TURNER, DARRELL
Address: 1822 97TH STREET NW
City-St-Zip: BRADENTON, FL 34209

Title: VCMN () Delete
Name: POMFRET, TERRY
Address: 558 PLANTERS MANOR WAY
City-St-Zip: BRADENTON, FL 34212

Title: T () Delete
Name: ORENSTEIN, VIRGINIA
Address: 4500 CARMICHAEL AVENUE
City-St-Zip: SARASOTA, FL 34234

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

Title: S () Delete
Name: KOPSTAD, SUSAN
Address: 2307 63RD AVENUE EAST, SUITE F
City-St-Zip: BRADENTON, FL 34203

Title: () Delete
Name:
Address:
City-St-Zip:

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: CFO () Change (X) Addition
Name: GATES, HASKELL
Address: 811 23RD AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

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: HASKELL GATES

CFO

01/04/2008

Electronic Signature of Signing Officer or Director

Date