

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48589

FILED
Apr 30, 2004
Secretary of State

Entity Name: FAMILY ADVOCATES FOR NURSINGHOME AND HOMECARE IMPROVEMENT, INC.

Current Principal Place of Business:

6023 S. SECOND STREET
TAMPA, FL 336114707

New Principal Place of Business:

Current Mailing Address:

6023 S. SECOND STREET
TAMPA, FL 336114707

New Mailing Address:

FEI Number: 59-3124945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX, MICHAEL A
6023 S. SECOND STREET
TAMPA, FL 336114707 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 () Delete
Name: GORALE, MARY,
Address: 10955 W. VILLA MONTE DR
City-St-Zip: MUKILTEO, WA 98275

Title: VP () Delete
Name: GORALEWSKI, DAN
Address: P O BOX 735
City-St-Zip: PENDLETON, OR 97801

Title: S () Delete
Name: PACINI, CHRISTINE M
Address: 35910 JOHNSTOWN ROAD
City-St-Zip: FARMINGTON HILLS, MI 48335

Title: T () Delete
Name: MICHAEL A. KNOX,
Address: 6023 S 2ND ST
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: MCLEAN, KEVIN
Address: 2909 W BAY TO BAY BLVD
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: SPINELLA, ANNA
Address: 4714 EUCLID AVE
City-St-Zip: TAMPA, FL 33629

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: () 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: MICHAEL KNOX

T

04/30/2004

Electronic Signature of Signing Officer or Director

Date