


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001288 1. Entity Name WELCOME HOMECARE FOUNDATION, INC.	
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Principal Place of Business 9570 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225	Mailing Address 9570 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225
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04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3222344	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CENAC, CONNIE 9570 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CENAC, CONNIE 9570 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKER, PAUL 9570 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARKER, DEBORAH 9570 REGENCY SQUARE BLVD JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80062-014 61.25

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 04/25/2006 904-725-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #