


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90018 036 \*\*\*\*61.25

<b>DOCUMENT # N94000000081</b>	
1. Entity Name <b>FLORIDIANS FOR IMPROVED ELDERLY CARE, INC.</b>	

Principal Place of Business <b>6287 BAHIA DEL MAR CIRCLE SUITE 1301 SAINT PETERSBURG, FL 33715</b>	Mailing Address <b>6287 BAHIA DEL MAR CIRCLE SUITE 1301 SAINT PETERSBURG, FL 33715</b>
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2. Principal Place of Business - No P.O. Box # <b>149 JAIME DRIVE</b>	3. Mailing Address <b>149 JAIME DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CANTON, GA</b>	City & State <b>CANTON, GA</b>
Zip <b>30114</b>	Country <b>USA</b>



03042008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3216865</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FORMAN, EDWARD D 6287 BAHIA DEL MAR CIRCLE SUITE 1301 SAINT PETERSBURG, FL 33715</b>	
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7. Name and Address of New Registered Agent Name <b>LUCIENNE DE WETTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 N OCEAN BLVD #1104E</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>	
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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 *Lucienne De Wette* **LUCIENNE DE WETTE SECR.** **3-4-2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MURPHY, JOHN J 220 GULL DRIVE SOUTH DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD FORMAN, EDWARD D 6287 BAHIA DEL MAR CIR #1301 SAINT PETERSBURG, FL 33715</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROSS, BARBARA 1730 NW 113TH DRIVE GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GEORGE, KAY 3830 FLINTWOOD RD. PENSACOLA, FL 32504</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD DE WETTE, LUCIENNE 2121 N OCEAN BLVD, #1104E BOCA RATON, FL 33431</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WYNNE, CATHERINE 1587 REDDICK MILL RD GRACEVILLE, FL 32440</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD FORMAN, EDWARD D 149 JAIME DRIVE CANTON, GA 30114</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward D. Forman* **EDWARD D FORMAN** **3-4-2008** **770-573-4361**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #