

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000081

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDIANS FOR IMPROVED ELDERLY CARE, INC.

Current Principal Place of Business:

149 JAIME DRIVE
CANTON, GA 30114

New Principal Place of Business:

Current Mailing Address:

149 JAIME DRIVE
SUITE 1301
CANTON, GA 30114

New Mailing Address:

149 JAIME DRIVE
CANTON, GA 30114

FEI Number: 59-3216865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE WETTE, LUCIENNE
2121 N. OCEAN BLVD. #1104E
BOCA RATON, FL 33431 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: D () Delete
Name: MURPHY, JOHN J
Address: 220 GULL DRIVE SOUTH
City-St-Zip: DAYTONA BEACH, FL 32119

Title: PTD () Delete
Name: FORMAN, EDWARD
Address: 149 JAIME DRIVE
City-St-Zip: CANTON, GA 30114

Title: D () Delete
Name: ROSS, BARBARA
Address: 1730 NW 113TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: GEORGE, KAY
Address: 3830 FLINTWOOD RD.
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: DE WETTE, LUCIENNE
Address: 2121 N OCEAN BLVD, #1104E
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: WYNNE, CATHERINE
Address: 1587 REDDICK MILL RD
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: FORMAN, EDWARD D
Address: 149 JAIME DRIVE
City-St-Zip: CANTON, GA 30114

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 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: EDWARD D. FORMAN

PT

03/24/2009

Electronic Signature of Signing Officer or Director

Date