2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# N95000002801

Entity Name: PEACHES-NA-BASKET ADULT DAY CARE CENTER, INC.

Current Principal Place of Business:

2040 SOUTEL DR
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

2040 SOUTEL DR
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3276551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PSTD ( ) Delete
Name: FLEMMING, BERTHA D
Address: 2040 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: FULLWOOD, RAY F
Address: 2040 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: HALL, CHERYL
Address: 2040 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FULLWOOD, KAY F
Address: 2040 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

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: B.DOLORES FLEMMING MS 07/07/2009

Electronic Signature of Signing Officer or Director — Date