


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90018 046 \*\*\*\*61.25

<b>DOCUMENT # N96000000185</b> 1. Entity Name <b>CORY'S CARE FACILITY INC.</b>					
Principal Place of Business <b>1519 WEST 14TH STREET JACKSONVILLE, FL 32209</b>			Mailing Address <b>1519 WEST 14TH STREET JACKSONVILLE, FL 32209</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3370061</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORYATT, KENNEDY 1519 WEST 14TH STREET JACKSONVILLE, FL 32209</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10: OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD CORYATT, ZENA 1519 W. 14TH ST. JACKSONVILLE, FL 32209		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD CORYATT, KENNEDY 1519 W. 14TH ST. JACKSONVILLE, FL 32209		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, MICHELLE 2768 CACTUS DRIVE ORANGE PARK, FL 32065		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARK, LENNIE 3427 LE NEZYK DR. JACKSONVILLE, FL 32211		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID 3249 JUSTINA TERR. JACKSONVILLE, FL 32277		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, DELORES 1555 W. 25TH ST. JACKSONVILLE, FL 32209		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORYATT, ZENA 1519 W. 14TH ST. JACKSONVILLE, FL 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORYATT, KENNEDY 1519 W. 14TH ST. JACKSONVILLE, FL 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, MICHELLE 2768 CACTUS DRIVE ORANGE PARK, FL 32065		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK, LENNIE 3427 LE NEZYK DR. JACKSONVILLE, FL 32211		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, DAVID 3249 JUSTINA TERR. JACKSONVILLE, FL 32277		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, DELORES 1555 W. 25TH ST. JACKSONVILLE, FL 32209		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

**SIGNATURE:**

*Zena Coryatt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/08*  
Date

*904 630-3991*  
Daytime Phone #

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.