

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000527

FILED
Jan 05, 2011
Secretary of State

Entity Name: ZONTA CARES, INC.

Current Principal Place of Business:

2001 E. INDIANHEAD DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11215
TALLAHASSEE, FL 323023215

New Mailing Address:

2001 E. INDIANHEAD DRIVE
TALLAHASSEE, FL 32301

FEI Number: 59-3416134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, JO
2001 E. INDIANHEAD DR
TALLAHASSEE, FL 32301 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: TD
Name: CONTE, JO
Address: 2001 E. INDIANHEAD DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD
Name: BENDA, NANCY
Address: 2430 OLD ST AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: WHITE, JUDY
Address: 6111 CODY TRAIL
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD
Name: MALOY, DORIS
Address: 3324 NAPOLEON BUNAPARTE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: ZUSSY, LINDA
Address: 2215 CROYDON DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: MARY ANNE, PRICE
Address: 1445 SPRUCE AVE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: JO CONTE

MS.

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date