2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2010
Secretary of State

DOCUMENT# N97000006936

Entity Name: FLORIDA PROFESSIONAL ASSOCIATION OF CARE GIVERS, INC.

Current Principal Place of Business:

1920 VERANO DRIVE
SUITE 205
HAINES CITY, FL 338448585 US

New Principal Place of Business:

Current Mailing Address:

1920 VERANO DRIVE
SUITE 205
HAINES CITY, FL 338448585 US

New Mailing Address:

FEI Number: 59-3485924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, NINETTA
100 N F ST
HAINES CITY, FL 33844 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: PD
Name: JOHNSON, NINETTA CNA
Address: 100 N F ST
City-St-Zip: HAINES CITY, FL 33844 US

Title: SD
Name: CARLETON-BUCHER, MARGARET T
Address: 157 AUDUBON CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: FRITZ, MARY ANN
Address: 2001 N. TERRINGTON RD.
City-St-Zip: AVON PARK, FL 33825 US

Title: VD
Name: STREBEL, NANCY CNA
Address: 11515 84TH AVE. NORTH
City-St-Zip: SEMINOLE, FL 337724157 US

Title: D
Name: WEST, BETTYE DR.
Address: 718 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D
Name: SHARP, KUYONA CNA
Address: 201 N.E. GENTRY AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

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: MARGARET T. CARLETON-BUCHER SD 02/15/2010
Electronic Signature of Signing Officer or Director Date