

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000987

FILED
Jan 31, 2009
Secretary of State

Entity Name: THE FLORIDA RESPITE COALITION, INC.

Current Principal Place of Business:

2699 LEE ROAD
SUITE 230
WINTER PARK, FL 32789

New Principal Place of Business:

8554 AMBER OAK DRIVE
ORLANDO, FL 32817

Current Mailing Address:

2699 LEE ROAD
SUITE 230
WINTER PARK, FL 32789

New Mailing Address:

PO BOX 1153
WINTER PARK, FL 32790

FEI Number: 59-3506639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARNADORE, REBECCA L E.D
2699 LEE ROAD
SUITE 230
WINTER PARK, FL 32789 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: P/D () Delete
Name: COOK, KATHY
Address: 8554 AMBER OAK DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: VP/D () Delete
Name: FLETCHER, KYLE
Address: 3743 SAVANNAH LOOP
City-St-Zip: OVIEDO, FL 32765

Title: ST/D () Delete
Name: FORTHUBER, JEANNIE
Address: 972 ENGLISH TOWN LANE, APT., 122
City-St-Zip: WINTER SPRINGS, FL 32808

Title: D () Delete
Name: MINOTTI, ROBERT
Address: 881 BRAEMAR LANE
City-St-Zip: DELAND, FL 32779

Title: D () Delete
Name: CORNELIUS, MIKE
Address: 2215 E. HENRY AVENUE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: ARCH, STEVE
Address: 102 W. YORK COURT
City-St-Zip: LONGWOOD, FL 32779

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: KATHY COOK

P/D

01/31/2009

Electronic Signature of Signing Officer or Director

Date