

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003721

FILED
Mar 30, 2007
Secretary of State

Entity Name: SHADY REST CARE PAVILION, INC.

Current Principal Place of Business:

2310 NORTH AIRPORT RD.
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2310 NORTH AIRPORT RD.
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0850574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, WESTON R
2310 NORTH AIRPORT RD
FT. MYERS, FL 33907 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: VCD () Delete
Name: BLANCHARD, DONALD
Address: 15460 HUNTINGTON COURT
City-St-Zip: FORT MYERS, FL 33912

Title: PCD () Delete
Name: DALTON, ANNE
Address: 2044 BAYSIDE PARKWAY
City-St-Zip: FORT MYERS, FL 33901

Title: TD () Delete
Name: MURRAY, ROBERT L
Address: 6200 WHISKEY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: SCHLAGER, REINA L
Address: 8695 COLLEGE PARKWAY
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: BENNETT, KAREN
Address: 380 E. NORTSHORE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: GELPI, TINA
Address: 10501 FGCU BLVD.
City-St-Zip: FORT MYERS, FL 33965

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: DALTON, ANNE
Address: 2044 BAYSIDE PARKWAY
City-St-Zip: FORT MYERS, FL 33901

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

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

Title: P (X) Change () Addition
Name: EDWARDS, WESTON R
Address: 2310 N AIRPORT ROAD
City-St-Zip: FORT MYERS, FL 33907

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WESTON R. EDWARDS

P

03/30/2007

Electronic Signature of Signing Officer or Director

Date