

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004706

FILED
Mar 27, 2009
Secretary of State

Entity Name: VOLUNTEERS FOR THE HOMEBOUND AND FAMILY CAREGIVERS, INC.

Current Principal Place of Business:

1515 N. FEDERAL HWY
#214
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 811525
BOCA RATON, FL 334811505

New Mailing Address:

1515 N. FEDERAL HWY
#214
BOCA RATON, FL 33432 US

FEI Number: 65-0866677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISKOWSKI, CONNIE
2021 NW 53 RD ST
BOCA RATON, FL 33496 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 () Delete
Name: SISKOWSKI, CONNIE PHD
Address: 2021 NW 53RD ST
City-St-Zip: BOCA RATON, FL 33496

Title: S () Delete
Name: RUTHERFORD, CAROLE
Address: 8285 SEVERN DR, #C
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: TIFT, TOM PHD
Address: 249 NW 10TH CT
City-St-Zip: BOCA RATON, FL 33486

Title: T () Delete
Name: GALLAND, FRED
Address: 6685 WOODBRIDGE DR
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: PLATT, MARK
Address: 18182 BLUE LAKE WAY
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: GOLDSTEIN, SIDNEY RABBI
Address: 7436 CARRICK TERRACE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: INESTROSA, CONSUELO
Address: 1800 N. DIXIE HWY
City-St-Zip: BOCA RATON, FL 33432

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

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

Title: V (X) Change () Addition
Name: ALDERSON, PAULA
Address: 500 SE MIZNER BLVD., #203A
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Change () Addition
Name: LINTON, SHELBY
Address: 3003 YAMATO RD
City-St-Zip: BOCA RATON, FL 33434

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: CONNIE SISKOWSKI

P

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date