2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# N99000004036

Entity Name: ALL SAINTS CATHOLIC NURSING HOME AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

5888 BLANDING BLVD
JACKSONVILLE, FL 32244

New Principal Place of Business:

5888 BLANDING BLVD
JACKSONVILLE, FL 322441927

Current Mailing Address:

5888 BLANDING BLVD
JACKSONVILLE, FL 32244

New Mailing Address:

5888 BLANDING BLVD
JACKSONVILLE, FL 322441927

FEI Number: 59-0791006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUIDI, DENNIS E
1837 HENDRICKS AVE
JACKSONVILLE, FL 32207 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: D
Name: TIERNEY, WILLIAM J
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: MCGLOUGHLIN, LUKE REV
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: KEYES, PRESTON
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: THORNTON, JOHN P
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: BEITZ, WILLIAM C
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: FEWOX, SHIRLEY
Address: 5888 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 32244

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: PRESTON KEYES D 05/01/2010
Electronic Signature of Signing Officer or Director Date