

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002556

FILED
Apr 01, 2009
Secretary of State

Entity Name: SOUTH FLORIDA SUPPORTED LIVING GROUP HOME, INC.

Current Principal Place of Business:

1127 MELVILLE ROAD
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

1129 MELVILLE ROAD
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 58-2668969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ADOLPHUS
20971 CORNELL AVENUE
PORT CHARLOTTE, FL 33952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DAVIS, WAYNE
Address: 20971 CORNELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD () Delete
Name: DAVIS, SAUNDRA
Address: 20971 CORNELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P () Delete
Name: DAVIS, ADOLPHUS
Address: 20971 CORNELL AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: MCLEAN, STEPHANIE E
Address: 1129 MELVILLE ROAD
City-St-Zip: PUNTA GORDA, FL 33983

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: () 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLPHUS DAVIS

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date