

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000002556

**FILED**  
**Apr 19, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

Title: PT  
Name: DAVIS, ADOLPHUS  
Address: 1129 MELVILLE ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: VP  
Name: DAVIS, ADOLPHUS  
Address: 1129 MELVILLE ROAD  
City-St-Zip: PORT CHARLOTTE, FL 33983

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

SIGNATURE: ALDOLPHUS DAVIS

PT

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date