2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

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Entity Name: SANDY LEMKE SUPPORTED LIVING SERVICES, INC.

Current Principal Place of Business:

735-38TH AVE SOUTH
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 16521
ST PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-3188825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMKE, SANDRA A.
3052 YORK STREET SOUTH
GULFPORT, FL 33707 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: PD ( ) Delete
Name: LEMKE, SANDRA A
Address: 3052 YORK ST SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP ( ) Delete
Name: DRUCKER, HELEN
Address: 7421 1ST STREET NE
City-St-Zip: ST PETERSBURG, FL 33702

Title: T ( ) Delete
Name: KNOWLES, JEANNE
Address: 735 38TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL

Title: S ( ) Delete
Name: BROOKS, MARY JEANNE
Address: 5796 7TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

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: SANDRA A. LEMKE PD 04/06/2009

Electronic Signature of Signing Officer or Director Date