2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000110131

1. Entity Name
NORTHWEST CARE CENTRE, INC.

Principal Place of Business	Mailing Address
802 71ST ST. N.W. BRADENTON, FL 34209	802 71ST ST. N.W. BRADENTON, FL 34209

02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0970098
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEISSNER, GREGORY C ESQ
1111 3RD AVE. W., STE. 150
BRADENTON, FL 34205

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8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOORE, ETHELENE B
STREET ADDRESS	802 71ST ST. N.W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	S
NAME	MOORE, ELTON P
STREET ADDRESS	6512 100TH ST SW
CITY-ST-ZIP	LAKEWOOD, WA 98499
TITLE	T
NAME	GUCCIONE, JEREMIAH J
STREET ADDRESS	1584 STICKNEY PT RD #103
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VP
NAME	ROHRS, REBECCA R
STREET ADDRESS	1522 41ST AVE DR E
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	VP
NAME	BENARDO, SUSAN
STREET ADDRESS	4607 RIVERVIEW BLVD
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80043-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ethelene B Moore Ethelene B MOORE 2-8-06 (941) 798-3949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #