


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 20 PM 3:51

DOCUMENT # S69340
1. Entity Name
RES-CARE FLORIDA, INC.



Principal Place of Business: 10140 LINN STATION RD, LOUISVILLE, KY 40223 US
Mailing Address: 10140 LINN STATION RD, LOUISVILLE, KY 40223 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Zip Country: Country



01072004 Chg-P CR2E034 (10/03)

1/20/04

4. FEI Number: 61-1204314 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION, FL 33324
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEARY, RONALD G			NAME			
STREET ADDRESS	10140 LINN STATION RD			STREET ADDRESS	U00000007138		
CITY-ST-ZIP	LOUISVILLE, KY 40223			CITY-ST-ZIP	01/20/04-80009-022 150.00		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNN, PAUL G			NAME			
STREET ADDRESS	10140 LINN STATION RD			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE, KY 40223			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERS, MARY D			NAME			
STREET ADDRESS	10140 LINN STATION RD			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE, KY 40223			CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAUL, BRYAN L			NAME			
STREET ADDRESS	10140 LINN STATION RD			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE, KY 40223			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASKEY, DAVID S			NAME			
STREET ADDRESS	10140 LINN STATION RD			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE, KY 40223			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILEY, MARY D			NAME			
STREET ADDRESS	10140 LINN STATION RD			STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE, KY 40223			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary D. Peters Mary D. Peters 1-08-04 502-394-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RES-CARE FLORIDA, INC.**OFFICERS & DIRECTORS****OFFICERS**

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
President	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223
Treasurer	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223
Secretary & Vice President	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Paul G. Dunn	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	David S. Waskey	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	Mary D. Peters	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	L. Bryan Shaul	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	D. Ross Davison	10140 Linn Station Road	Louisville	Kentucky	40223

BOARD OF DIRECTORS

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
Director	Ronald G. Geary	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Allen G. Marchetti	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223